

Ministry of Health Women Social Welfare & Poverty Alleviation

Annual Report





Ministry of Health Women Social Welfare & Poverty Alleviation

ANNUAL REPORT 2008

January 2009

Dr. Jiko Luveni
The Interim Minister for Health, Women, Social Welfare
& Poverty Alleviation
Ministry of Health, Women, Social Welfare
& Poverty Alleviation
SUVA

Dear Dr. Luveni

It is with great pleasure that I present the Annual Report of the Ministry of Health, Women, Social Welfare & Poverty Alleviation for 2008.

It has been yet another busy and eventful year for the Ministry as it continues to adapt to the challenges of an environment of continual changes.

The Report attempts to highlight the Ministry's performance in delivering services to the people of Fiji contributing to the targeted outcomes set out by the Government.

The efforts, commitment and achievements by our staff are therefore reflected in the Report.

Yours sincerely



.....
Lepani Waqarakiwewa

Permanent Secretary for Health, Women, Social Welfare & Poverty Alleviation

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Staff based at the Head Office of Ministry of Health, Women, Social Welfare & Poverty Alleviation

Section 1

Introduction

Overview by the Permanent Secretary for Health, Women, Social Welfare & Poverty Alleviation

Introduction

By The Permanent Secretary for Health Women, Social Welfare & Poverty Alleviation



The year 2008 has been a year of many good achievements and also challenges. I provide below some of the key developments and hope that the ensuing full report will provide more and additional information on the work of the Ministry during the year.

1. Appointment of new Interim Minister

The new-year began with the appointment of a new Interim Minister for Health, Women, Social Welfare and Poverty Monitoring, Dr Jiko Luveni. The Ministry welcomed this new appointment and also acknowledged the contribution of Dr. Jona Senilagakali as Minister for the preceding year 2007. The new Minister's Deliverables was quickly determined and included in the Corporate Plan of the Ministry for 2008. Indeed the Deliverables of Minister Dr. Jona Senilagakali for the year 2007 were satisfactorily achieved.

2. Merging of Ministries

As directed by Government, the Ministry of Women, Social Welfare and Poverty Monitoring was merged with the Ministry of Health in January 2008. The joint Ministry had one Minister and Permanent Secretary with parallel management structures. The structures of both Ministries were left very much separate and intact in the likely event of separation of the Ministries in the future. During the year it was noted and experienced that the merging of the Ministries yield and resulted in a lot of positive outcomes especially to the Departments of Women and Social Welfare. As an example, an early output of the merger was the completion of the Annual Reports of the previous Ministry of Women, Social Welfare & Poverty Monitoring for the 4 years of 2004-2007.

3. Cabinet Papers

The year saw a record 42 Cabinet Papers presented and endorsed by Cabinet. Of the Cabinet Papers, there were 33 Discussion, 6 Information and 3 Noting papers. A list of Cabinet Papers is appended as

Annex 1. Key policy papers worth noting included the following;

1. Women in Decision Making
2. Framework on National Child Protection Plan
3. Women, Peace and Security
4. Kidney Foundation Services and Grant
5. Prosthesis Unit Establishment
6. Violence Against Women
7. UNGASS Report
8. Hosting of Regional Committee Meeting of World Health Organisation
9. HPV Immunisation Introduction
10. National Nutrition Policy
11. Revised CEDAW Report
12. Review of Family Assistance Criteria
13. National Policy on Persons Living with Disabilities: 2008-2018
14. Interim Certification of Residential Homes for Organisations Providing Residential Care for Children
15. Registration of Medical and Dental Practitioners
16. Poverty Alleviation Projects
17. Establishment of Food Unit under the Food Regulation

4. Budget of Ministry of Health 2007

A total provision of \$150, 822,000.00 was allocated for the year. At the end of the year, the Auditor General audited accounts the Ministry of Health showed a total expenditure of \$150,797,123.00. As with the previous 3 years, it must be stated here and repeated that there was no over spending of the Ministry's budget allocation during the year .

2008

The joint Ministry was allocated a total of \$166,552,200 for the year. Indication of the overall budget utilization of the Ministry in towards the last few days of 2008 showed that the Ministry was operating within the provision of the year. However, it must be noted that various budget SEG performance differ with some over-expenditure but overall within the year's provision. The low performing SEG of our budget were SEG 8 – Capital Purchase and SEG 9 – Capital Works.

2009

The total budget allocation for the new-year 2009 is \$179,509,500. The Acting Minister for Finance released this budget in November 2008. This budget is favourable and showed an increase of \$12,957,300 from the 2008 provision. Indeed the budget reflects both new items provisions and additional provisions to existing budget items. Notable allocation included the following;

- Increase of \$1.3 Million for Urban Hospitals Maintenance
- Increase of \$0.3 Million for Rural Hospitals Maintenance

The budget is also very positive as for the very first time, it provided a specific allocation for Human Resource Strategies in Health. This allocation will be very useful towards the engagement of project medical staff in the key service areas where staffs are required.

5. Staffing

• Overall staffing

The total approved staffing for the joint Ministry was 5001. Overall the staffing number for nursing and most technical positions were filled and if there were vacancies during the year, the percentage would be less than 5% of the approved establishment number. However, for Medical Officers positions, the vacancy numbers continue to fluctuate during the year. On an average, a total of 40 positions or 15% of the approved establishment remained vacant or filled with officers in acting appointments. This trend in medical officer's vacancies has been seen in the past 5 years and no retention strategies formulated by the Ministry for this cadre of staff will be successful if the involvement and commitment of the Central Agencies of Government are not ensured and forthcoming.

• Reform of structure – 10% reduction

As a policy of Government, a 10% reduction in the establishment number was attempted by the Ministry. Towards the end of the year, only around 5% was achieved by the joint Ministry. Most positions removed were from the Government Wage Earners (GWE) and a couple of management positions in the divisional structures. It must be mentioned that the Ministry had embarked on its own reform process before the imposition of the 10% reduction by Government. Moreover, the outcome of the Fiji Health Management Reform on a decentralized management structure was reversed mainly because of the lack of delegated powers from the Public Service Commission and Finance on human resource and budget respectively. The challenges of the divisions in implementing public health programmes also became an impetus for the reversal of the decision on the decentralized structure.

It however must be stated that the year also witnessed the withdrawal of the decentralized management structure of the Ministry, created in 1998-2003 under the Fiji Health Management Reform project. The divisional management structure reverted to the old format

6. Outsourcing of Services

As new policy of government, outsourcing of non essential services was explored by the Ministry. Several services were identified for outsourcing and included at least the following, laundry, security, cleaning, mortuary, catering and transport. The first 3 services were grouped together as Phase 1 and an Australian Consulting firm was engaged to undertake a scoping exercise on the feasibility of this work. The report of the consultancy has been submitted and basically it highlighted the difficulties in outsourcing works to the private sector if no capital investment assistance is offered by the state to the private sector.

7. Midwifery Training School – Western Division

The year witnessed the re-opening of the midwifery training school in the Western Division at Lautoka after a lapse of 20 years. The school will be a great boost to nurse education in Fiji particularly for midwifery and the Western Division. In December, the first batch of 12 midwives graduated and now posted to various stations in the country.

8. Overseas medical referrals

A total of 68 patients were referred for medical treatment abroad in 2008. The main reason for medical referrals was for cardiac diseases. Cancer treatment was another major cause for referrals. The total number of patients referred for tertiary and specialized care abroad continued to increase in the past 5 years as the Ministry explored and used new hospitals in India for treatment. The funding allocation by Government for medical treatment remained at around \$600,000.00 which is 3.6% of the total budget allocation to health.

9. Liabilities

The medical liabilities and litigation costs continues to be a concern for the Ministry. At the end of the year, a payment of more than \$1.5 million was recorded against an approved allocation of \$70,000.00. There is a definite need for government to introduce an insurance scheme for medical staff to cover them from any medical mishaps.

10. Partnership

I wish to acknowledge specifically the assistance of the following partners for their contribution to health services in the year.

- Government of Australia / Fiji Health Sector Improvement Programme
- World Health Organisation
- UNICEF
- UNFPA
- Government of Japan / JICA
- Kidney Foundation of Fiji
- Colonial Groups of Companies
- Visiting medical teams

God Bless

Section 2

Corporate Profile

2.1 General

Guiding Principles

Vision

A Peaceful and Prosperous Fiji that values human dignity, promotes social security and human development and fosters good health and well-being for all citizens.

Mission

To provide quality services through strengthened divisional structures and to reduce poverty by empowering families especially children and women at risk, advancing gender equality and strengthening communities in Fiji.

Values:

Customer Focus

Being genuinely concerned that our customers receive quality health care, well-being, social security and human development for all citizens.

Equity

Striving for an equitable health system, social security and human development and being fair in all our dealings irrespective of ethnicity, religion, political affiliation, disability, gender and age.

Quality

Pursuing high quality outcomes in all facets of our activities, guides, mentors and develops people.

Commitment

Committing ourselves to the highest ethical standards in all that we do enduring excellence in management

Responsiveness

Responsive to the needs of the population noting the need for efficiency in the delivery of urgent healthcare and social welfare services.

Integrity

Takes responsibility in being accountable and transparent with optimum use of resources.

Collaboration

Facilitates cooperation and partnerships, nurturing internal and external relationship

In addition, we will subscribe as all other Public Servants, to the PUBLIC SERVICE VALUES prescribed in part 2, Section 4(1)-(14) of the Public Service Act 1999

1. The Public Service respects the values, policies, rights and freedoms set out in the Constitution.
2. Employment decisions in the Public Service are made without patronage, favoritism or political influence, and appointments and promotions are made on the basis of merit after an open, competitive selection process.
3. Men and Women equally, and the members of all ethnic groups, have adequate and equal opportunities for training and advancement in the Public Service.
4. The Public Service carries out the Government policies and programmes effectively and efficiently and with due economy.
5. The composition of the Public Service reflects as closely as possible the ethnic composition of the population taking account, when appropriate, of occupational preferences.
6. The Public Service provides a working environment that is free from discrimination.
7. The Public Service is a political, performing its functions in a neutral, impartial and professional way.
8. The Public Service is fully accountable within the framework of the Constitution and the Public Finance Management Act 1999, to the Government, the Parliament and the people of the Fiji Islands.
9. The Public Service is responsible to the Government in providing frank, honest, comprehensive, accurate and timely advice and implementing the Government's policies and programs.
10. The Public Service has the highest ethical standards, integrity and honesty.
11. The Public Service delivers services fairly, effectively and courteously.
12. The Public Service develops and maintains leadership of the highest quality, particularly through the Senior Executive Service.
13. The Public Service provides a fair, flexible and rewarding workplace.
14. The Public Service focuses on achieving results and managing performance.

2.1.2 Table 1: Government Health Facilities

Division	Divisional Hosp	Specialized Hosp.	Sub-Divisional Hosp	Area Hosp	Total	Private Hosp	Health Centre	Nursing Station	Old Peoples Home
Central	1	3	4	1	9	0	19	21	1
Western	1	0	5	0	6	* 1	24	26	1
Northern	1	0	3	0	4	0	19	21	1
Eastern	0	0	4	2	6	0	14	33	0
Total	3	3	16	3	25	1	76	101	3

* Ra Maternity Hospital is owned by the Roman Catholic but staffed by government health professionals under the jurisdiction of the Sub Divisional Medical Officer, Ra

Table 2 : Women & Social Welfare facilities

Division	Names of Homes	TOTAL
Central	- Boys Centre - Happy Home - Dilkusha Girls Home - St. Christopher's Home - Mahaffy Girls Home	5
Western	-Treasure Home - Veilomani Boys Home	2
Northern	Nil	
Eastern	Nil	
Total		7



Thank You Colonial Bank - our partners in Development (New look Rewa Ward CWM)

2.1.3 Under the Legal Notice, the Minister for Health, Women & Social Welfare with effect from 7 January 2008 was given the Ministerial Assignment for the following :

Business	Department
(a) Health	Ministry of Health
1] Clinical Medical Services	• Divisional Hospitals
2] Health Promotion	• Fiji School of Nursing
3] Medical Equipment and Supplies Services	• Government Pharmacy
4] Pharmaceutical, Drugs and Medicine Services	• Health Centres and Nursing Stations
5] Preventative Health Programme and Services	• National Centre for Health Promotion
6] Primary Health Care Services	• National Referral Hospitals (St. Giles & Twomey Hospitals)
7] Professional Staff Development and Management	• Sub Divisional Hospitals
	• National Centre for Communicable Disease Control
 (b) Women & Social Welfare	 Ministry of Women & Social Welfare
1] Adoption of Infants	• Department of Social Welfare
2] Care and Protection of Juveniles	• Department of Women
3] Community Corrections	• Poverty Alleviation
4] Disabled Persons	
5] Fair Rents	
6] Family Welfare & Assistance	
7] Marriage Guidance	
8] National Women's Plan of Action	
9] Poverty Alleviation	
10] Probation of Offenders	
11] Women & Gender Development	
 (c) Responsibility for all written laws regulating the business of (a) and (b) above including the subsidiary legislation made thereunder :	

Health	Social Welfare and Women
1. Animal (Control of Experiments) Act (Cap.161)	1] Juveniles Act (Cap 56)
2. Burial and Cremation (Cap. 117)	2] Adoption of Infants Act (Cap 58)
3. Dangerous Drugs Act (Cap. 114)	3] Probation Act (Cap 22)
4. Fiji School of Medicine Act 1997	4] Community Work Act 1994
5. Food Safety Act 2003	5] Disabled Persons Act 1994
6. Ionising Radiation Act (Cap. 102)	6] Social Justice Act
7. Medical and Dental Practitioner Act (Cap. 225)	
8. Medical Assistant Act (Cap. 225A)	
9. Mental Treatment Act (Cap. 113)	
10. Methylated Spirit Act (Cap. 193)	
11. Nurses, Midwives and Nurse Practitioners Act (Cap. 256)	
12. Pharmacy and Poisons Act (Cap. 115)	
13. Private Hospitals Act (Cap. 256A)	
14. Public Health Act (Cap. 111)	
15. Public Hospitals and Dispensaries Act (Cap.110)	
16. Pure Food Act (Cap. 116)	
17. Tobacco Control Act 1998	

The following boards/councils administer the 23 Acts on behalf of the Minister:

1. Central Board of Health
2. Rural Local Authorities
3. Hospital Board of Visitors
4. Nurses, Midwives & Nurse Practitioners Board
5. Fiji Dental Council
6. Fiji Medical Council
7. Fiji Pharmacy Poisons Board
8. Private Hospital Board
9. Fiji Optometrists Board
10. Fiji School of Medicine Council
11. Fiji National Council of Disabled Persons



Nurses Midwives & Nurse Practitioners Board Meeting in December

Table 3 – Number of local & overseas trained professionals registered under the various Boards/Councils in 2008

Boards/Councils	Number
• Fiji Medical Council	
- Part 1	48
- Part 2	31
- Specialist	9
* Temporary registration for Part 2 to non-Fiji citizen for temporary work & study	* 74
• Fiji Dental Council	13
• Fiji Pharmacy & Poison Board Registration	6
Nurses, Midwives & Nurses Practitioners Board	
Registered Nurse	214
Midwives	41
Nurse Practitioners	nil

2.2 – GENERAL ACHIEVEMENTS

Activities, Performance & Achievements by the Ministry:

1] **MERGE** of the two portfolios, Health, Women, Social Welfare & Poverty Alleviation has provided more challenges and opportunities as Dr. Jiko Luveni took the post as the new Minister for Health, Women, Social Welfare & Poverty Alleviation with Dr. Lepani Waqatakirewa as the Permanent Secretary.

2] **REORGANISATION** of Laundry, Cleaning & Security Services in Major Urban Hospitals & Institutions. (Outsourcing) has commenced; the followings are highlights of the process:

- A critical component of Reform, a directive from the Prime Minister's office with its inclusion in the Minister's deliverables for 2008 and the PSC initiative for reform and its potential impact on the Civil Service 10% reduction, the Ministry took on the reorganization process as a challenge and opportunity.
- A Task Force comprising representatives of the PM's office, PSC, Finance & National Planning, Public Enterprises and Health,

Women, Social Welfare & Poverty Alleviation paved the way through Cabinet endorsement to facilitate the process under its TOR.

- The Ministry of Public Enterprises played an integral role under its legal mandate of the PE Act (1996) in ensuring the effective use of government resources. In this instance, the reorganization was used as a means of achieving the 10% reduction in the Civil Service.
- A feasibility study was critical in determining the most appropriate options for increasing efficiency and cost effectiveness in the delivery of Laundry, Cleaning and Security Services.
- The study was conducted by the CBM Consultants of Australia for 6 weeks with the Final Report to be available in the New Year.



3. GOES LIVE

On 03 December 2008, the Ministry of Health, Women, and Social Welfare & Poverty Alleviation launched its first "Ministry's Website" as it went live in providing the general public with information access.

The website has multiple web pages, distributing information into various categories. The aim is to globalize the Ministry data and create a common personal access to valuable health information. (Source IT Section MOH)

For more information, visit the site at <http://www.health.gov.fj>



4] HOPE for people suffering from End Stage Kidney Diseases as the Kidney Foundation of Fiji (KFOF) signed a MOU with the Ministry and opened Fiji's first ever Haemodialysis Unit at the old Eye Department, CWMH on 13 March 2008, officiated by the Indian High Commissioner, Professor Jhar and the Interim PM, Commodore Bainimarama. 12 patients have received treatment at the Unit including regional (Tuvalu & Nauru) and some visitors.



Indian High Commissioner, Professor Jhar and the Interim PM, Commodore Bainimarama

5] LOOK NORTH POLICY

The extension of the Labasa Hospital has finally been completed to be officially opened in the new year. The following facilities are included in the extension.



Labasa Hospital (Ground Floor)

- Admin offices for MS and Admin support.
- Accounts and office space for Consultants & Manager Nursing & Matron-in-Service.
- Conference Room
- Lecture Room
- Biomed Services

1st Floor

- Pathology Laboratory
- Library

2nd Floor

- MMW
- Paying Ward
- Psychiatric Room
- TB & Isolation unit
- Paying Ward
- Men's Medical & Mental Rooms

6] MIDWIVES are Essential Components to Health Services as :

- the Lautoka Midwifery School has been reopened with the first intake of Midwifery students in April in a Ministry's effort to improve its scarce resources. The assistance provided by the FHSIP (AusAID) is acknowledged.



PS & GM Dr. T. Taoi at the Opening of the Lautoka Midwifery School

7] FIJI'S SUCCESS in the BABY FRIENDLY

Hospital Initiative (BFHI) as all the 21 Hospitals with maternity facilities have now been declared BF based on WHO/UNICEF criteria and standards



Minister, UNICEF & with staff of Lakeba subdivision at the BFHI Award celebration

8] ELIMINATION program in Communicable Diseases

The Ministry has launched another challenge for its staff to rededicate the next 5 years for improving its efforts on elimination of Lymphatic Filariasis. The MDA was relaunched by the Minister in October.



Anti-Filariasis Tablets



Filariasis IEC Materials

9] PREVENTIVE measures are critical to improvement of care and relief in the disease burden.

The launch of the new program – National Human Papillomavirus Vaccination Program (HPV) by the Interim Minister for Health in September has forged a way forward in the prevention and protection of females against HPV which are chief causes of Cervical Cancer, the leading cause of cancer in women and deaths due to cancers.



Dr J Samuela, Minister and Dr T Tuiketeti at the HPV launch Sep 2008.

10] BILATERAL COOPERATION

is evident by the continuing support and assistance of the Japanese government through JICA in its donation of \$173,000 worth of equipment to the J-PIPS, the Pacific program on strengthening Immunisation Program.

11] COLLABORATION with the World Health

Organization is crucial in our health service development as the Ministry welcomed the WHO, South Pacific Representative, Suva office, once again to utilize an office space at its Dinem House Head Office. The office serves as a link for closer collaboration and assistance the Ministry may need or vice versa.



Minister, Dr Chen Ken & PS

12] ADAPTATION to continual changes in structure and systems are normal in any organization, therefore the reorganization in the management of health services this year is no exception. Besides the merge of the 2 government portfolios, health and women, social welfare & poverty alleviation, changes were also made in the senior management and policy level with the followings:

- Post of Director C/E Health Services became the new post of Director Pharmacy & Biomedical Services (US02).
- Director Western Health Services became Director Information, Planning & Infrastructure (US02)
- Director Northern Health Services became Director Health Program & Training (US02).

- Director Public Health became new Director Primary Health Services (US02)

So a total of 7 Directors (Health) based at Head Office and the 3 Directors in Women, Social Welfare and Poverty Alleviation supporting the Permanent Secretary.

13] PUBLIC PRIVATE HEALTH CARE PARTNERSHIP

enhanced when the Sangam Private Nursing School, Labasa graduated its first ever graduates in May with 61 new Registered Nurses who had undertaken the Diploma of Nursing, offered by the Fiji School of Nursing, Tamavua. Some of the graduates have now joined the Civil Service.

14] EDUCATION is the cornerstone to any development, be health socio or economic – Fiji School of Medicine continues to progress by leaps in curriculum development with two new groups of graduates in the Bachelor of Imaging Sciences (Radiography) and Bachelor of Medical Laboratory Sciences, seen at its December graduation.



FSM Graduation 2008

15] RESEARCH is critical to improvement in health status of the population. Ministry of Health with the assistance of FSMed carried out a survey replicating the 1994/95 UNICEF study using urine samples of school children and ante natal women to test the level of iodine following the government legislation (1996) to iodise all salts as recommended by the International Council for Control of Iodine Deficiency Disorder (ICCIDD).

Results as contained in the Iodine Report 2007, launched by Permanent Secretary on 31/12/08, are positive. The elimination of Iodine Deficiency Disorder (IDD) based on ICCID criteria has shown that 83.6% of children and 88.4% of antenatal women tested were free from IDD problem, in comparison to earlier study. Fiji has 98.4% households using adequately iodised salt and Fiji has 9 out of the 10 programmatic indicators in place and must maintain.



Workshop on Strengthening HIV and STI Surveillance in Fiji in Southern Cross Hotel Suva on October, 2008

16] ADOLESCENT HEALTH continues to be developed in our health system as the program focuses on addressing issues for young people. This will have impact on the health status of our people in future. The World Population Day on 14 July, 2008 coincided with the opening of the new AHD centre in Suva, at the Old Government Pharmacy where all Key Stakeholders and development partners – Government, WHO, UNICEF & UNFPA were present.



The Minister for Health & the main stakeholders in 2008 WPD at the opening of New Suva AHD Centre

17] ACCESSIBILITY to health care services for the communities especially in rural area remains a challenge for government as costs will continue to escalate. The New Nakorosule Health Centre, Naitasiri was officially opened by the Interim Minister on 24th November 2008, adding another strategic health facility for the ever difficult terrain in the Naitasiri Subdivision and a relief to the people.



The New Nakorosule Health Centre, Naitasiri.

18] OWNERSHIP changed as the Fiji Crippled Society decided to hand over its Prosthetic Laboratory based at Tamavua Hospital to the Ministry of Health. The Laboratory has been functional for decades, an initial allocation of \$50,000.00 was provided for by the Ministry.

19] WORLD TB Day 2008 with the theme "FOCUS on Laboratory FOCUS on Quality" was launched in Lautoka by the Permanent Secretary and WHO Representative in South Pacific, Dr. Chen Ken.



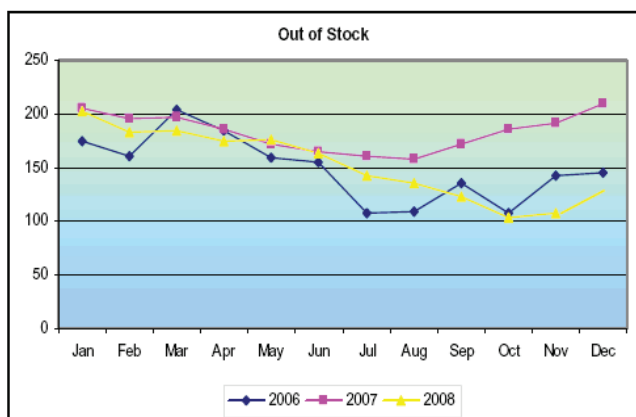
20] QUALITY IMPROVEMENT & Risk Management in the provision of clinical services for patients is a core business of Health. This was evident by the inaugural meeting in October of the National Quality Improvement/Clinical Practice Improvement Committee chaired by the PS.

The Committee is mandated to be responsible for the Clinical Governance, Risk Management, Clinical Practice Improvement and all other related Quality Improvement Programs in the Ministry.

21] SKILLS UPGRADING for professionals is crucial to quality improvement in health care services. Nurses have now been mandated by the Nurses, Midwives & Nurses Practitioners Board through its recent Policy to be trained and certified safe and competent to Manage Cardiac Arrest. This Policy comprises 3 levels of criteria of competencies and requires support and training by doctors.

22] CONSTANT SUPPLY of Pharmaceutical items remains the greatest challenge with FPS as evident by the Out of Stock status. There has been a slight improvement this year as compared to 2007.

Figure 1: Out of Stocks Status 2006 - 2008



23] PHARMACY services have been strengthened through the appointment of additional personnel, namely, Manager Clinical Product, Project Officer for the Warehouse and the Director Pharmacy and Biomedical Supplies.

24] ADDITIONAL funds were made available for purchase of biomedical equipment spare parts, around \$1.3m was vired from within MOH budget.

25] INNOVATIVE approach to health service delivery as evident by the HITH (Hospital in the Home) program at CWM Hospital. The program progressed with renewed vigor as the Australia Government came to its assistance through a donation of a much needed vehicle.

A total number of 272 patients went through the HITH programme this year.



H.E. Aust High Comm, PS and Dr E Tora at CWMH

26] FOOD SAFETY under the Food Safety Act (2004) has made some development where the Ministry of Health (Environmental Health) has now been declared as the Competent Authority by the European Union (EU) on food. The CBH will now be able to certify fish and fisheries product for EU USA, NZ and Australian markets.

27] REACTIVATION of the Fiji POLHN Centre at Tamavua and also at Lautoka and Labasa, by WHO has provided continuing education for the staff. With the WHO appointment of its new Coordinator, Ms Loata Serau, the centre has been able to provide courses to as many staff in the last six months of the year including the students of FSN and FSMed.



WHO POLHN Coordinator

2.3 HIGHLIGHTS FOR 2008

The followings are also achievements through commitment by the staff under the various strategic priorities.

2.3.1 Maintain an Adequate Primary and Preventive Health Care Services and Promotion of Health

- Fiji had made a bid for Round 8 & Round 9 for the Global Funds for AIDS, TB Malaria (GFATM) through the National Country Coordinating Mechanism (CCM) in 2008 based on its HIV/AIDS Strategic Plan 2007-11. Numerous other HIV/AIDS clinical & technical activities were implemented in 2008 including the ARV Procurement & Treatment Guidelines review with strengthening of the 3 Hub Centres, completion of the 2008 National Second Generation Surveillance Research, HIV Policy development, technical capacity building and PMTCT project with UNICEF established in CWM Hospital.

Figure 2: HIV/AIDS Yearly Statistics from 1989 to 2008:

Source – MOH Statistics unit

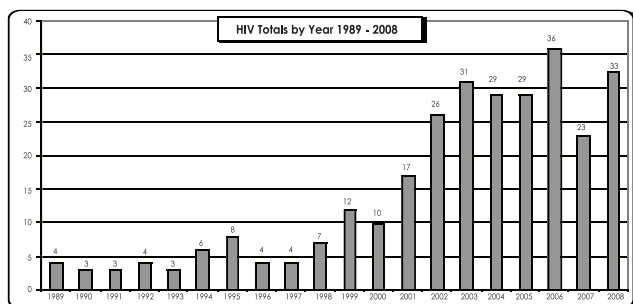
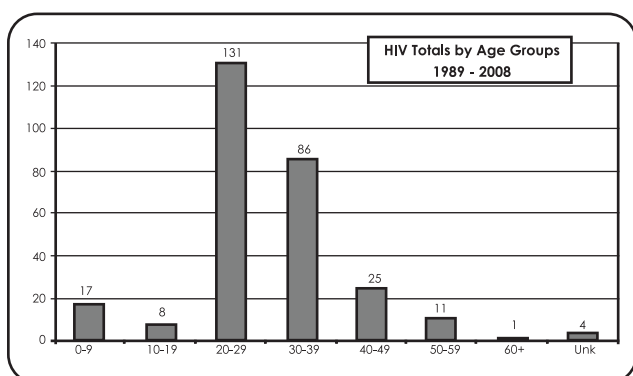


Figure 3: HIV Totals by Age Groups



- The National Food Nutrition Centre (NFNC) completed the National Food and Nutrition Policy 2008, endorsed by Cabinet.
- Cabinet also agreed that the current FPAN be revised and to be in harmony with NFNPolicy.
- Food Security approved in the form of Hospital Kitchen Garden to supplement the hospital food supply for improved patients diet and nutrition.
- Promotion of school canteen based guidelines for improvement in nutrition of school children has continued.
- The new Nutrition Centre Website was launched by the Minister in December.
- Micronutrient Survey in children of 6 months to under 5 years has been completed, results awaited.
- The opening of the Suva AHD Centre called Our Place by the Minister for Health this year was the main highlight of the World Population Day (WPD) on 14th July 2008. The other main stakeholders and Development Partners: WHO, UNICEF, UNFPA were also at the celebration.



NCD Initiative

- Road Traffic Injuries prevention and child Injury prevention projects were ongoing in 2008. These activities were implemented through collaborative efforts of the Fiji Police Force, LTA, National Road & Safety Council, WHO and the Ministry of Health, Women & Social Welfare.
- The cancer activities continued in collaboration with the Ministry and Fiji Cancer Society who also organized a Cancer Advocacy on Cervical Cancer and Breast Cancer examination in Malolo Island amongst the many activities conducted.
- A new NCD prevention program launched this year was the Bula 5-30 Campaign.
- Bula 5:30 stands for the Greeting and it also signifies good health, a better look and a good feeling.
- The number 5 stands for the five servings of fruits and/or vegetables a day that we need to eat; the message also encourages the use of locally produced fruits and vegetables.
- The number 30 stands for the 30 minutes physical activity of your choice required to be taken every day.
- Do it with the 5 Es: It is Easy, Effective, Exciting, Enjoyable and Everyday



Dr Capuano (WHO) and the Minister at the launch of the NCD Bula 5-30 program.

- National and Divisional workshops were conducted on Integration Community Development to strengthen and revitalize primary health care and Healthy Islands Initiative.



CD & Disaster Management Booklets

- The Fiji National Health Emergencies and Disaster Management Plan, the Fiji National Influenza Pandemic Plan (FINIP) and the Fiji National Communicable Disease Surveillance and Disease Outbreak Plan are strategic guiding documents in the CD programs implemented in 2008. The FINIP provides strategies towards the potential threat that Fiji faces in terms of the influenza pandemic.
- Donation worth of \$250,000 USD was received by the Permanent Secretary Dr L Waqatakiwewa in Dec 2008 from the Japanese Government through UNICEF arrangements for the Pandemic Influenza preparedness and EPI work in Fiji. These included a boat with twin 500hp engines, 2 twin cab vehicles, 17 vaccine refrigerators and spare parts.
- Two major outbreaks in 2008 were Typhoid and Dengue. The numbers leading to an outbreak had increased dramatically in the first 4 months of 2008 particularly in the north that required urgent attention. Strategies included the strengthening of the COMBI plan, capacity building through a national typhoid symposium, 19 water and sanitation projects in typhoid hot spot areas in Macuata, Cakaudrove & Bua Subdivisions.



The number of typhoid cases had decreased from June to October period but was again increased in November. Continuing surveillance through clinical reporting and follow up of positive carriers is ongoing. A total of 405 laboratory confirmed cases were reported in 2008, most were from Cakaudrove, Bua & Taveuni subdivisions as reflected below with 2 deaths reported.

Main affected sub-divisions in 2008

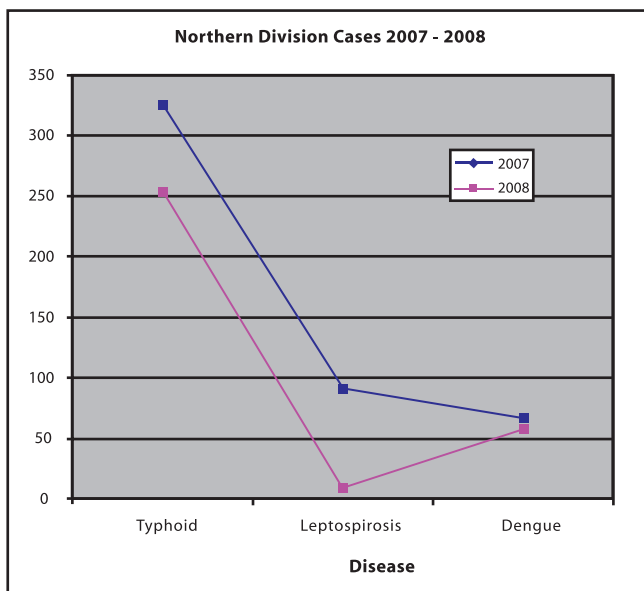
Cakaudrove	284.9/100,000	(n=100)
Bua	256.4/100,000	(n=39)
Taveuni	252.5/100,000	(n=39)
Ra	216.1/100,000	(n=58)
Macuata	83.8/100,000	(n=61)
Suva	31.2/100,000	(n=62)

others below 10 cases

Table 4: Northern Division Cases 2007 - 2008

Disease	2007	2008
Typhoid	325	252
Leptospirosis	91	9
Dengue	67	57

Figure 4: Northern Division Cases 2007 - 2008



National Typhoid Symposium 2008 at Savusavu, with WHO & FHSIP representatives & MoH participants

- Dengue outbreak occurred mainly in the western and central eastern divisions. A total of more than 2500 clinical dengue cases were reported in Fiji and there were no deaths.
- Leptospirosis is still endemic in the north, - refer to graph 2007 to 2008 which shows a decline in 2008
- The work of the 4 new project officers based in the north for the control of Typhoid has made the impact. (refer to graph)
- Water and food testing facilities are now available in Mataika House from 2008. The Quality management and the surveillance system of Fiji CDC has been strengthened with assistance from FHSIP with anticipation of an improved quality outputs.



Mataika House team at the National CD survey, Lakeba



World Suicide Prevention Celebration, Ba, Sept 2008



Ba Mayor, Commissioner Western and Dr T Ali at the WSP Celebration, Ba.

- Through the National Mental Health and the Suicide Prevention Strategic Plan 2005-8, activities were implemented in 2008. NCOPS, facilitates and coordinates the implementation of the Suicide Prevention by stakeholders as reflected in the Strategic Plan. The Divisional Mental health project officers support the divisional program and assist in the strengthening of the west & north mental health services.
- The Suicide Prevention Policy 2008 was launched during the World Suicide Prevention Day celebrations in Ba.
- A total number of 3,758 people were screened in 2008 by the Western Division using the NCD toolkit, 10.08% of them were found to have abnormal RBS. (Total number of 51429 screened in the last 4 years.
- The current obesity yield in the west is around 30%.
- SNAP, a component of the toolkit is used in the (W) where all abnormal results/cases are followed up.
- A workshop was conducted by SPC in 2008 in the West on Pandemic Influenza as part of the Border Control.
- Tobacco Enforcement Unit (TEU) was established in 2005 in the Central division and has now extended to the Western and Northern divisions. The unit is responsible for the enforcement of the Tobacco Act, and the implementation of the FCTC – Framework on Convention of Tobacco Control.

The declaration of CWM Hospital and Tavua Hospital as Smoke Free Hospitals and the Nabila and Nadrala villages to be the Tobacco Free villages is a remarkable achievement in that regard. World No Tobacco Day celebrations continue to be observed annually in Fiji. The unit has successfully prosecuted more than 100 people since its inception.



LTA & TEU Collaboration

They have also collaborated with the NCHP unit in the development of Tobacco Free settings:

The TEU have also worked in collaboration with the LTA, NRSC, Fiji Police, and WHO in the control of smoking in public vehicles and the emitting of smoke pollution into the environment from vehicles.

- The main endemic area for TB is Rabi Island and this has been a concern and a mass TB control programme and awareness was held there recently with the team from Tamavua Hospital. The Strengthening of the TB services in the North continues to be a challenge and the opening of the new extension to Labasa Hospital in 2009 will address this need.
- Leprosy programme in Fiji has been one of the very successful programs over the past decades.
- 50% of Lautoka Hospital Departments have commenced their Healthy Initiatives.

2.3.2 Maintain an Effective, Efficient & Quality Clinical Health Care & Rehabilitation Services

- Labasa Hospital is a referral hospital for about 139,275 people. (Census 2007).
- Total number of patients attended the medical clinic, Labasa in 2008 was 18,181 and has remained around that in the past 3 years.
- Medical Unit, Labasa Hospital has been free from any medico – legal suits in the last 5 years.

Table 5: Mortality Rate at the Medical Unit, Labasa

Year	Death Rate
2005	8.01%
2006	4.98%
2007	4.38%
2008	5.81%

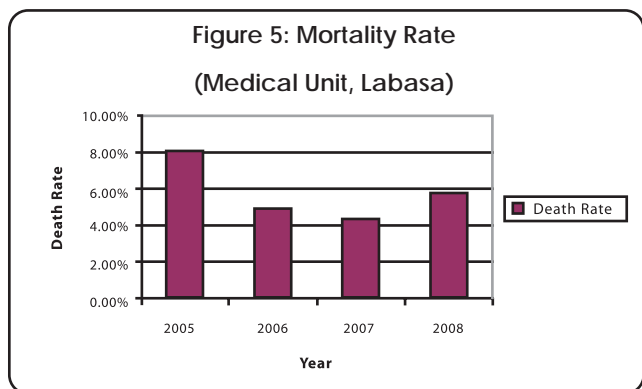
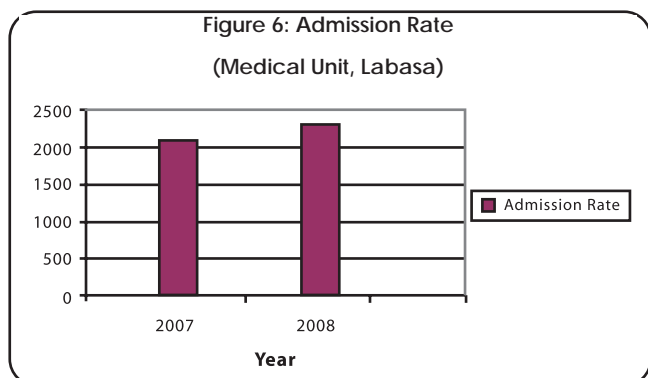


Table 6: Total Admission Rate : M.U (Labasa Hospital)

Year	Admission Rate
2007	23.4%
2008	26.5%



- This year workload has doubled since 2005 and has increased slightly but steadily over the last 3 years. The outbreaks of typhoid, leptospirosis and dengue fever contributed to the increase workload.
- Looking after patients with psychiatric illness is challenging as there is no specialist in this area but the mental health workshops have helped to provide the knowledge and skills in managing these patients.
- The logistics issues of transportation, accommodation etc related to referral of patients to specialist areas (e.g. St Giles Hospital, TB and Dermatology at Tamavua hospital, decompression illness and CT scans at CWMH) have been a challenge and have contributed significantly to administrative workload.
- A total of 719 medical reports were issued by the Labasa Hospital, 60% (433) by the medical unit and generated \$2165 in revenue.
- Various training programs and workshops were attended to by medical unit doctors :
 - e.g.
 - a) Management of diabetes
 - b) ECG for nurses
 - c) IV cannulation workshop for nurses
 - d) Mental health training in collaboration with St. Giles hospital.
 - e) Standard Treatment Guidelines Workshop funded by the NMTC
- Outreach clinic was provided to Savusavu and Taveuni subdivisional hospitals.
- Seventy echocardiogram tests were performed and these included overseas cardiac team screening.
- Lautoka Hospital was awarded a Gold Medal in 2008 by the World Alliance of Breastfeeding Association (WABA) during the WBW 2008 Global Breastfeeding Wave Event.
- Rate in the incidence of Out of Stock of drugs at Lautoka Hospital was less than 40 per month on essential and vital drugs.
- Surveillance on Rheumatic Heart Disease has been on going through the new RHD officer at Lautoka.
- Streptokinase training for Ba Mission Hospital done for improvement in management of cardiac patients.

- 10 clinical protocols for CCU and Medical Unit reviewed by Lautoka Hospital.
- Cataract Surgery Kit developed, piloted and now in use at Lautoka Hospital.
- 34 Standard Operational Procedures in Pathology Laboratory reviewed in Lautoka Hospital.
- Manual for Catering, Clinical and PH Dieticians Procedure Book completed and endorsed by Lautoka.
- Audit review of Dental Specialty Areas - Patient Folders and Record Keeping completed in Lautoka.
- Audit of reporting and recording of TB cases completed at Lautoka.
- 50% of blood donors at Lautoka are voluntary, target is more than 60%
- 27 blood drives conducted in Lautoka, target was 24.
- The National Health Executive Committee (NHEC) has endorsed the establishment of the new National Clinical Service Advisory Committee (NCSAC), chaired by the PSH, members are representatives of all clinical and community health disciplines. The NCSAC's role is determined by its TOR.
- A successful National CSN Workshop was held in December, hosted by the Western Health.
- Minimum standards for equipment in various health facilities endorsed in principle, by NHEC.
- Imaging services (X-Ray) continued to be provided at Ra, Ba Nadi and Sigatoka Hospitals except Tavua, Lautoka Hospital does the reporting on all these X-Ray films from the subdivisional hospitals.
- Lautoka X-Ray Department continues to provide a range of general and special x-ray examinations and procedures and general ultrasound scanning, within the available resources.
- Staff of Lautoka x-ray provided relieving duties for colleagues in the subdivisions.
- A new automatic processor was acquired for Lautoka x-ray department.
- CWMH X ray department provides services at 3 different locations – Paediatric Unit, Maternity Unit and the New Extension.
- Radiological services at CWMH include – general radiology, orthopantomography (OPG), fluoroscopy, mammography, CT scans, ultrasonography and interventional radiology.
- Despite resource constraint – human and equipment, CWMH x-ray department was able to provide the best for the patients as well as training for students.
- Shimadzu Engineer from Australia made regular visits for servicing of x-ray equipment at the divisional hospitals.
- Labasa x-ray department provides support and relieving duties for colleagues in the northern subdivisions.
- St. Giles Hospital's occupancy rate for 2008 was 82%, average length of stay was 88 days and average daily bed state was 111 patients.
- Mental Health CSN has distributed IEC materials and drafted clinical practice guidelines for staff in the divisions.
- St. Giles provides inpatient, outpatient, occupational therapy and counseling, community psychiatric nursing (CPN) and training for both medical and nursing students.
- Staff of St. Giles provides support and membership to a number of bodies i.e. National Advisory Council on Mental Health, NCOPS, Fiji Disabled Persons Council, WHO Pacific Island Mental Health Network, Psychiatric Survivors Association, Hospital Board of Visitors, National Substance Abuse Advisory Council and Mental Health working group.
- 37 Fiji patients have been on the Antiretroviral Treatment (ART) and 21 for the other Pacific Islands. There is only 1 patient on the second line regimen while the others are maintained on the 1st line regimens. The availability of CD 4 counting and viral load testing at Mataika House Laboratory has improved the monitoring by clinicians.
- The National Blood Services Strategic Plan 2008-2011 has now been finalised for launching in early 2009.
- 9,000 patients attended skin clinic at Tamavua, Satellite clinics at Labasa and CWM Hospitals.
- 98 new admissions to the National Rehabilitation Medicine Hospital at Tamavua in 2008, highest was the amputation (42) and second was paraplegia (22).
- Diabetic Foot Care in the North has been strengthened through FHSIP funding and support.
- Diabetes Kids Camp held in August was co-funded by FHSIP aimed at increasing juveniles and parents understanding and management of juvenile diabetes.

- FHSIP has been involved in the new multi-stakeholders approach to mental health. Groups have worked as partners with the Ministry and FHSIP in improving services to mental health clients.
- Anaesthetists have a number of roles - in OT, ICU and training of postgraduate students - all specialized roles.
- Clinical Service networking for anaesthetists has been encouraged.
- A total of 16,556 patients attended the Eye clinics at CWMH, 595 had surgery performed, 8518 was outpatient follow up.
- CWMH Oral Health Department provides specialised services in Oral Surgery, Prosthetic & Orthodontics, Advanced Conservative/Restorative & Endodontics, Periodontics and Children's Dentistry.
- The Consultant Plastic Surgeon, Dr Semesa Matanaicake (Snr) continues to provide services to Oral-Maxillo-Facial Traumatic cases in the absence of an oral surgeon in government service.
- A total number 33,585 people accessed the CWMH Oral Department in 2008, total revenue collected was \$55,907.50. Treatment for exodontias, conservative and preventive cost more than 60% of budget allocated to treatment.
- 76.7% seen in CWMH oral clinics paid for the services, whilst 21% were non-paying (exempted) and 1.3% were in patients.
- Some of the targets and achievements of the oral service provided for at CWMH:

Area	Targets	Achievements
Conservative	26%	19%
Exodontia	27%	27.5%
Preventive	16%	17.6%
Prosthetic	15%	13.4%
Endodontics	4.5%	1.0%
Other Services	14%	21.5%

2.3.3 Maintain an Adequate, Qualified & Committed Workforce

- Graduates of the new upgraded course from FSMed – Bachelor in Medical Imaging Sciences have started work at CWMH and Lautoka, following their In-Service Training.
- Ultrasound continuing education was provide by a NZ sonographer, Fika Vucago.
- IST for the 1 year postgraduate certificate course for registered nurses in mental health is provided by St. Giles and FSN, 12 graduated in December.
- More registered nurses graduate each year from JCU Bachelor of Nursing Sciences, FSN December graduation saw the highest number of graduates ever since its inception in 2003, with 48 graduated.
- 3 Infection Control Officers were given attachment program at the Hunter Health Services, NSW. The 3 staff nurses from each divisional hospital had spent 3 weeks at the John Hunter Hospital and Tamworth Hospital.
- The National Risk Management Unit had a presentation at the PSC Training Centre for other civil servants on Risk Managements and Quality Improvement Principles.
- A record of 28 continuing education and formal courses conducted at Lautoka Hospital.
- 100% orientation for all new staff at Lautoka Hospital.
- Lautoka has a draft Succession Plan format in place.
- Four (4) S/Ns at CWMH were sent abroad for nurses attachment – 1 on Oncology (NZ), 1 on Reproductive Health (Australia), 1 Leadership Training (Taiwan) and one on Infection Control (Australia).
- Out of the total 442 nursing posts at CWMH, 43 nurses went out in 2008 – 6 retired (NU05-NU01), 6 re signed (NU05-NU01) and 29 S/Ns[NU06] resigned and 2 died, equivalent to 9.7%, wastage.
- The new National Manager for strengthening of Emergencies Ambulance was appointed in September, based at Head office.
- Dr Pratima Singh (PMO) has graduated with Master of Disability Studies from Flinders University, she heads the NRHM, Tamavua.

- FHSIP funded and assisted with reopening of the Midwifery School at Lautoka.
- FHSIP has been involved in the development of the MoH HIV/AIDS workplace policy now awaiting its endorsement by the MoH management.
- FHSIP supported and funded the Management Development Training Workshop for Ministry's managers.
- Through multisectoral partnership - FHSIP, J-PIPS (JICA) and Ministry of Health, monitoring, training and annual workshops have assisted in the strengthening of EPI program in Fiji.
- FHSIP financed the National O & G Conference in November.
- Podiatry follow up training was conducted for 31 C/E staff by Sandringham team.
- A Warehouse manager was appointed for FPS supported by FHSIP funding.
- Improvement to the EPICOR finance system to complement warehouse improvement was funded by FHSIP.
- Intensive training courses for CWMH were conducted by counterparts from NZ and Australia for: Advanced Paediatric Life Support (APLS), Basic Assessment & Support in Intensive Care.
- A 5 day training course on PMCT of HIV/AIDS based on a training package.
- Training of community health nurses to recognise heart murmurs in relation to rheumatic heart diseases.
- Dr Jitoko Cama has been successful in attaining his MRCS in paediatric surgery, the first to be achieved by a local (FSMed graduate) in this field.
- 2 nurses attended training in Oncology in NZ.
- 4 groups of visiting teams from overseas provided services for the Paediatric Unit, CWMH - endocrinologist, neonatologist, nephrologist and Oncologist.



PS at Gasele Nursing station, Kadavu

2.3.4 Construct New and Ongoing Maintenance of all Existing Health Infrastructure

- The Dental Department at CWM Hospital now boasts about the renovation works done where more clients can now be seen with some privacy.



"PDO CWMH, Dr. Baro at work

- CWMH has also seen some renovation works at the Lau and Rewa wards; these are the old sections of the hospital.
- For more upgrading and construction works, refer to section 3.12 of the Report.
- The Fiji Cancer Society has been given the space at the Tamavua Hospital for establishment of a hospice, renovation and refurbishment is being carried out by the society.
- A list of 12 Health Centres which have been reclassified as Grade A was tabled at NHEC – this was also a Minister's deliverable.
- Tamavua Hospital is also a base for several NGO's – Vision 2020, Project HEAVEN, Fiji Cancer Society, Pacific Eye Institute and Christian Community Healthcare Fellowship.
- A new lift for the West Wing, CWMH was commissioned in May.
- 2 extra OTs opened at CWMH to reduce the waiting list.
- A new Eye OT at the old Eye department, opened only for surgery under local anaesthesia.
- FHSIP funded the establishment of the database and improvement in the information system at FSN for academic and administrative purposes.
- 92 out of the 129 planned activities through joint FHSIP/MOH projects were completed.
- FHSIP continued to be involved in the MOH annual corporate and business planning including

- FHSIP continued to improve the health information system through strengthening of PATIS, PHIS and MCDC.
- PHIS implementation expanded from its original 2007 pilot sites to cover all the Central division.
- Feedback from the Project Officer PHIS was positive, it is user friendly and the forms capture all public health activities as compared to its predecessor –CMR.
- Through PHIS, a new Fiji Health record has been developed and now in use by nurses.
- FHSIP has continued to support development of PHIS through a STA and Project Officer and a manual for implementation, training and guidelines for nurses and other users.
- More infrastructure development throughout the divisions have been accomplished in terms of RT/Solar and boat supported by FHSIP funding.
- FHSIP supported the launch of the intranet and internet in November.



HE AHC, PS & Dr Saketa, commissioning of the new Natewa Boat

2.3.5 – Maintain a Quality Improvement Culture that provides and support quality health service delivery

- No formal complaint received on Lautoka x-ray services except for some isolated cases on quality of radiographs. Four (4) UOR against the department, 2 complaints on daily papers.
- Quality control of radiation devices are used for examinations of patients and safety of staff.
- Labasa x-ray has a 2.8% annual rejects of all films taken (acceptable rejects is <5%).

- CPI workshops were conducted for clinicians by a team from the Clinical Excellence Commission of NSW.
- The new National QI/CPI Committee had its inaugural meeting in October, chaired by the PS. The purpose is for the committee to assume an overarching responsibility for Clinical Governance, Risk Management, CPI and other related QI programs in the Ministry.
- Patient Satisfaction Survey forms were revised.
- Collection and analysis of the 3 National Clinical Indicators continue, yet to be fully operational.
- National Nursing Standards were reviewed by the FSN Research Committee, results yet to be received.
- Ms Claire Whelan, the National Risk Management Adviser has finally ended her contract with the Fiji Government which began in 2004. Her commitment, sacrifice, together with her technical knowledge and skills has been the driving force in paving the way forward for Clinical Governance, Risk Management and Quality Improvement initiatives in the Ministry. Hundreds of health professionals have gone through her training and leadership.
- Root Cause Analysis training for Western Division undertaken in 2008.
- An Innovative Hand Washing Program in place for ICU, Lautoka Hospital.
- Waste Management Segregation Audit conducted at Lautoka.
- OHS has been integrated into Induction program for Lautoka.



Staff of Rotuma Hospital, built in 1901

2.3.6 – Identify Complementary Funding Options for Health Services

- A series of meetings held for key stakeholders during the year to discuss further the various options available for advocating health care financing and social health insurance. One option undertaken was the review of existing fees to determine new fees and charges, as appropriate.

2.3.7 Poverty Reduced Annually

- Director PMU is the secretary to the VatuKoula Rehabilitation committee. A sum of \$6million has been earmarked for rehabilitation of the VatuKoula miners.
- The Poverty Eradication Unit had evolved to become the Poverty Monitoring Unit (PMU). In 2008, PMU was separated from the Department of Social Welfare.
- PMU has been responsible for the establishment of Integrated National Poverty Eradication Program (INPEP) of the National Poverty Reduction Strategy (NPRS). The INPEP has been based on the MDG "Eradicate extreme poverty and hunger by 2015.
- INPEP cuts across all sectors, from government to private to civil societies in terms of monitoring the impact of pro-poor projects and programs in alleviating poverty in Fiji.
- In the current SEED document poverty is also addressed as it is relevant to the Goals – "To significantly improve the quality of life".
- In Pillar 8 of the Charter, contains the strategy "Reducing Poverty to a Negligible Level by 2015"



Members of Fiji's Discipline Forces showing their support against Gender Violence

2.3.8 Gender Equity & Equality & Empowerment of Women

- Cabinet had endorsed the State CEDAW Report before it was sent to the UN CEDAW Committee through the Ministry of Foreign Affairs. The report reflects the status of women in Fiji and how we fare in terms of Governments commitment to the Convention on the elimination of all forms of discrimination against women and children.
- Fiji was represented by the Permanent Secretary at the 52nd session of the Commission of the status of women which is a functional commission of the United Nations Economic & Social Committee. His address was based on the theme " Women 2000 : Gender Equality Development and Peace for the 21st Century.
- A symposium on financing gender equality was held at the USp to celebrate the International Women's Day.
- The International Rural Women's Day was celebrated in Rabi Island where the Acting Director of Women, Dr Tokasa Leweni was the chief guest deputizing for the Interim Minister.
- Another celebration was held in Nadi to allow rural women to sell quality crafts to a wider market. This was an innovative approach taken by government for the empowerment of women, more than 200 women participated.
- In our support for fight against gender violence, the Ministry had 16 Days of Activism starting with the launch of the first Violence Free community at Koroipita, Lautoka. A number of programs were addressed during the 16 days which included:
 - Raising awareness about gender based violence as a human right issue.
 - Highlight important issues raised in previous years, namely Violence Against Women how it may be associated with the incidence of HIV/AIDS and Violence.
- Koroipita was launched a pilot site for Violence Free Community in November by the Permanent Secretary.
- Gender Sensitize training for Discipline forces was conducted, as part of the 16 days activism.

Section 3

Report on Performance

REPORT ON PERFORMANCE

3.1

Strategic Directions

Strategic Directions have been provided by the two planning documents owned by government, namely the National Strategic Development Plan (NSDP) 2007-2011 and the Sustainable Economic and Empowerment Development Strategy (SEEDS) 2008 - 2010. The Sustainable Economic and Empowerment Development Strategy for Fiji (SEEDS), 2008-2010 has been the result of wider consultations with key stakeholders including our Ministry. The Strategy builds on the mandate the President has given to the Interim Government with a Vision "A BETTER FIJI FOR ALL" covering areas such as:

- to continue to uphold the Constitution
- steady out economy through sustained economic growth and correct the economic mismanagement of the past.
- lift up the living standards of the growing poor and under privileged.
- eradicate systemic corruption by the Anti Corruption Unit and set new standards of governmental and institutional transparency and good governance.

Good Governance is a fundamental prerequisite in achieving the vision of this plan. It is integral to improving and promoting ethical and professional standards and quality of the public sector with increased transparency and accountability at all levels. It requires changes in people's attitudes to improve the work culture. (SEEDS 2008-2010).

The following outcomes have been extracted from the NSDP (2007-2011) :

- Communities are served by adequate primary and preventive health services, thereby protecting, promoting and supporting their well-being.
- Communities have access to an effective, efficient and quality, clinical health care and rehabilitation services.
- Children and young people enjoy greater protection and development
- Protection and Development of Children & Youth at Risk
- All categories of the poor are able to meet their basic needs
- Achievement of Gender Equality and Empowerment of Women through full participation in business and decision making process through entrepreneurial support in non formal and formal sector and decision making

3.2 – A number of key performance indicators were selected by the Ministry under the National Strategic Development Plan for 2007-2011. These key performance indicators are to be achieved by 2011 and include :

- Infant mortality rate reduced from 23 to 17/1000 live births by 2011 (MDG).
- HIV/AIDS prevalence among 15-24 year old pregnant women reduced from 0.04 to 0.03 by 2011 (MDG).
- Prevalence of diabetes reduced from 16% to 12%.
- Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG).
- Reduction in teenage pregnancy rates from 16% to 8% by 2011.
- Reduction in STI rates amongst 15 to 24 year olds reduced from 15% to 10% by 2011.
- Prevalence rate of Tuberculosis reduced from 10% to 5% (MDG).
- Reduced amputation rates for diabetic sepsis from 13% to 9%.
- Participation of private and health care providers increased from 2 to 10.
- Doctors per 100,000 population increased from 36 to 42
- Elimination of stock outs of drugs from present 100(items per month)
- Bed occupancy rates reduced from 80% to 60%.
- Qualifying persons for Family Assistance 20,000
- Recipients of Family Assistance receive at least \$2 per day – 65% of beneficiaries
- Proportion weaned off Family Assistance – 1 pilot project.



Newly Refurbished Rewa Ward, CWMH

ADEQUATE PRIMARY & PREVENTIVE HEALTH SERVICES

Communities are served by adequate primary & preventive health services, thereby protecting, promoting and supporting their well-being.

MAJOR GAINS in the delivery of primary health care in Fiji has been achieved through an effective sector wide approach (SWAP) to sector development. The SWAP approaches to programs and projects have posed both challenges and opportunities as we continually adapt to health reforms for service delivery improvements.

There are a number of outputs aimed at protecting, promoting and supporting communities' well-being with measureable Key Performance Indicators.



OUTPUTS

KEY PERFORMANCE INDICATORS

1.1	Provision of Primary Health Care	1.1.1	Infant Mortality Rate reduced from 27 to 17/1,000 live births by 2011 (MDG) (2008: 13.1)
1.2	Emergency response services - Medical evacuations & blood supply	1.2.1	HIV/AIDS prevalence among 15 to 24 yr old pregnant women reduced from 0.04 to 0.03 by 2011(MDG) (2008: 0.02)
1.3	Provision of Clinical Services	1.3.1	Prevalence of Diabetes reduced from 16% to 12% (2008: 18.3)
1.4	Public Awareness Promotion - Public Health	1.4.1	Contraceptive prevalence rate among population of child bearing age(CBA) increased from 46% to 56%(MDG) (2008 : 44.7%)
1.5	Education & Training - Disease Control	1.5.1	Reduction in teenage pregnancy rates from 16% to 8% by 2011 (2008: 6.6%)
1.6	Communicable Disease Prevention	1.6.1	Reduction in STI rates amongst 15 to 24yr olds reduced from 15% to 10% by 2011 (2008: 2.4)
		1.6.2	Prevalence rate of TB reduced from 10% to 5%(MDG) (2008 : 9.9)
		1.6.3	Reduced amputation rates for Diabetic sepsis from 13% to 9% (2008 : N/A)
1.7	Supply of Goods - Medical Drugs & Consumables	1.7.1	Elimination of stockouts of drugs from present 100 items per month. (2008: Fluctuates between 100&200)

EFFECTIVE, EFFICIENT & QUALITY CLINICAL HEALTH CARE & REHABILITATION SERVICES.

Communities have access to an effective, efficient and quality clinical health care and rehabilitation services

ACCESSIBILITY to clinical Health Care which is of quality standards is the right of every citizen in Fiji. Provision of Clinical services can only be achieved with adequate resources through appropriate training and education of health workforce and availability of medical supplies and drugs in an environment of efficient and effective healthcare system.

Improving the quality of, and access to health care through strengthening the various health discipline services will also support the achievement of the Millennium Development Goals.



OUTPUTS

KEY PERFORMANCE INDICATORS

2.1 Provision of Clinical Services

2.1.1 Participation of private and health care providers increased from 2 to 10
(2008:3)

2.2 Education & Training

2.2.1 Doctors per 100,000 population increased from 36 to 42
(2008: 42 Doctors per 100,000 - 837,271/2007 Census)

2.3 Provision of Clinical Services

2.3.1 Elimination of stockouts of drugs from present 100 items per month.
(2008: Fluctuates between 100 & 200)

2.4 Hospice - Accomodation and Assistance for the Elderly

2.4.1 Bed Occupancy rates reduced from from 8% to 6%
(2008: 81.34% - Baseline)

MEET BASIC NEEDS OF THE POOR

All categories of the poor are able to meet their basic needs for Survival

Government has a number of Poverty Alleviation Programs in place to be able to achieve its targeted outcome and also its obligations under the Millennium Development Goals.

Poverty has a direct impact on the health and social outcomes of the citizens.

The Portfolio Performance Statement(PPS) or Output is aimed at Poverty Reduced

Annually with a number of Key Performance Indicators which can be used as benchmarks.



OUTPUTS

KEY PERFORMANCE INDICATORS

3.1 Poverty Reduced Annually

3.1.1 Qualifying persons for Family Assistance reach 20,000

(2008: 26,926)

3.1.2 Qualifying recipients receive at least \$2.00 per day - 65% of beneficiaries.

(2008: 20%/2002/2003 HIES)

3.1.3 Proportion weaned off Family Assistance
- 1 pilot project

(2008: Not yet)

GENDER EQUALITY OF WOMEN

Achievements of Gender Equality of women through full participation in business and decision making process through entrepreneurial support in non-formal and formal sectors

WOMEN PLAN OF ACTION (WPA) is the policy document that forms the basis for the activities of the Department of Women. The five priority areas of women's concern encompassed in the WPA include: Mainstreaming Women and Gender concerns; Women and the Law; Micro-enterprise Development; Balancing Gender in Decision Making and Elimination of Violence Against Women and Children. These areas are cornerstones in charting the way forward in addressing women's needs in Fiji. Women and girl children are in the high risk groups of underprivileged and destitute segments of our population posing a major challenge to the full realization of gender equality and equity.



OUTPUTS

KEY PERFORMANCE INDICATORS

4.1 Gender Equality and Equity

- 4.1.1 CEDAW periodic report to the UN
- 2 submitted
(2008 : 3 Reports)
- 4.1.2 Development WPA - 70% of recommended changes
(2008 : 70%)
- 4.1.3 Review WPA - 1 revised
(2008 : WPA revised)
- 4.1.4 Women participation in Government Boards, Committees, Councils, Commission
(1 woman in each)
(2008 : 18%)
- 4.1.5 Proportion of seats held by women in Parliament and Municipals, - not less than 20% (MDG)
(2008 : 11.5%)
- 4.1.6 Priority issues in WPA are discussed with men and women at all levels - 80% in 5 years.
(2008 : 80%)
- 4.1.7 Women & Men attend Training Workshops for socio-economic and political empowerment (64%)
(2008 : 80%)
- 4.1.8 Women in Leadership Decision Making empowered through Training - 75% of women in decision making.
(2008 : 53%)

RECOGNITION OF CHILDREN & YOUTH AT RISK

Protection & Development of Children and Youth at Risk

PROBATION SERVICES for offenders are also the responsibilities of the Department of Social Welfare under the provision of the Probation Act (Cap 22). Social Welfare officers provide supervision of the offenders, both adult and juvenile. They work closely with Magistrate in their supervision of non-custodial offences and the social development and reintegration.



OUTPUTS

5.1 Supervision of non-custodial sentences

KEY PERFORMANCE INDICATORS

5.1.1 Proportion of Young offenders directed to community based programs for their social reintegration increased to 50% from baseline.

(2008 : 27 Juvenile offenders)

CHILDREN & YOUNG HAVE GREATER PROTECTION & DEVELOPMENT

Children and young people enjoy greater protection and development.

SAFETY & PROTECTION of children and youth who are vulnerable to various risks is safeguarded through the provision of the Juvenile Act administered by the Department of Social Welfare. The DSW is responsible for the safety and protection of children under the age of 17 years from exposure to any form of physical or moral danger or abuse.

They set standards and monitor compliance by residential home for children who are at high risks.

They also provide counseling services and promote community involvement in the protection and development of children and youth.



OUTPUTS

KEY PERFORMANCE INDICATORS

6.1 Child Welfare Services
managing children at risk

6.1.1 50% of all cases dealt with follow established protocols.

(2008 : yes)

6.2 Licensing Compliance &
Monitoring of Residential
Centres for Children

6.2.1 30% of institutions are fully resourced with
Child protection concerns.

(2008: >30%)

6.3 Child Care Counselling -
Community involvement in
Child Care.

6.3.1 100% of Children's homes have been
monitored and audited

(2008: yes)

3.3 Health and Social Development Outcomes

The following health and social development outcomes have been maintained and to be achieved by the year 2011:

- 1] Reduced burden of Non-Communicable Diseases.
- 2] Begun to reverse the spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases.
- 3] Improved family health and reduced maternal morbidity and mortality.
- 4] Improved child health and reduced child morbidity and mortality.
- 5] Improved adolescent health and reduced adolescent morbidity.
- 6] Improved mental health care.
- 7] Improved environmental health through safe water and sanitation.
- 8] Improved protection families especially women, children and youth at risk.
- 9] Improved gender equality and equity.
- 10] Reduced poverty and its burden. Improved quality of life.
- 11] Improved monitoring and evaluation of poverty alleviation programs.

The following table shows the Health Outcome Status Report for 2004, 2006, 2007, 2008 in an attempt to gauge the progress towards achieving the goals by 2011. The social development outcomes are also included.

Table 7: Health Outcome Status Report 2008

Indicator	Achievement
	2008
1)Reduced burden of Non-Communicable Diseases	
i. Prevalence rate of Diabetes (per 1,000 pop)	18.03
ii. Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admission)	N/A
iii. Amputation rate for diabetes sepsis (per 100 admission for diabetes & complications)	N/A
iv. Cancer Prevalence rate [per 1,000 pop]	8
v. Cancer Mortality [per 100,000 pop]	72.7
vi. Cardiovascular Dis.(Coronary Heart Dis.) Mortality rate (per 100,000 pop)	160
vii. Cardiovascular Dis.(Stroke) Mortality rate (per 100,000 pop)	17.1
viii. Admission rate for Rheumatic heart diseases (1000 admission)	N/A
ix. Admission rate for Hypertensive disease (per 1000 admission)	N/A
x. Motor & other vehicle accidents Mortality rate (per 100,000 pop)	7.5
xi. Healthy teeth index (DMFT) - 12 year old	1.4
2)Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases.	
i. HIV prevalence rate among 15 to 24 years old pregnant women (per 1000 15-24 pop)	0.02
ii. Prevalence rate of STI's among men and women aged 15- 24yrs (per 1000 [15-24yrs] pop)	2.4
iii. TB prevalence rate (per 100,000 pop)	9.9
iv. Tuberculosis cases detected rate	93%
v. TB death rate	2.8
vi. Incidence of Dengue	12.6

Indicator	Achievement
	2008
vii. Incidence of Leptospirosis	3.8
viii. Prevalence rate of Lymphatic Filariasis (C/ survey – 2007)	9.5%
ix. Incidence rate of Measles (per 100,000 pop)	0
x. Prevalence rate of Leprosy (per 100,000 pop)	0.04
xi. Incidence rate of Gonorrhoea (per 100,000 pop)	124.4
xii. Incidence rate of Syphilis (per 100,000 pop)	115.8
3) Improved family health, reduced maternal morbidity and mortality	
i. Maternal mortality ratio	31.7
ii. Prevalence of anemia in pregnancy at booking	7.2
iii. Contraceptive prevalence rate	44.7%
iv. Proportion of births attended by skilled health personnel	98.8%
4) Improved child health	
i. Prevalence of under 5 malnutrition (NNS)	7
ii. % of one year old fully immunized (MR1)	93.9%
iii. Under 5 mortality rate (per 1000 live births)	23.6%
iv. Infant mortality rate (1000 live births)	13.1
5) Improved adolescent health and reduced adolescent morbidity and mortality	
i. Rate of teenage pregnancy (per 1000 CBA pop)	6.6
ii. Number of teenage suicides	66
6) Improved mental health	
i. number of psychiatric beds	136
ii. number of personnel trained in mental health	12
7) Improved environmental health through safe water and sanitation	
• Percentage of population that has access to safe water	
urban	43%
rural	51%
• Proportion of population with access to improved sanitation	
urban	87%
rural	55%
8) Improved protection families especially women, children and youth at risk.	
• No. families received Family Assistance	26,926
• No. child welfare case attended	604
• No. Probation Reports completed	57
• No Court Reports completed	134
• No children received Case & Protection Allowance	94
9) Improved gender equality and equity.	
1. CEDAW Periodic Report to the UN	UN Report submitted
2. Women participation in Government Boards, Committees, Councils, Commission	18%
3. Priority issues in WPA discussed with men and women at all levels	80%
4. Women and men attend training workshops for socio-economic and political empowerment	80%
5. Women in Leadership Decision Making empowered through Training	53%
10) Improved Quality of Life & Reduce Poverty & Its Burden	
• Proportion of people living on less than \$2 per day-poverty gap ratio	20%
• Proportion of population living below basic needs poverty line (BNPL)	34.4%
11) Improved Monitoring & Evaluation of Poverty Alleviation Program	
• No. of Mine workers trained on "Start Your Business"	650
• No. of Government Departments using poverty related funds for Alleviation strategies	19
• No. of families surveyed for relocation at Vatukoula	500

3.3.1 - *Explanation*

3.3.1.1 - Burden of Non-Communicable diseases:

The burden will continue to have the greatest impact on the limited health resources and consequent reflection on the morbidity and mortality. The implementation of the NCD Strategic Plan with the multi-focal approaches to targeting the risk factors and emphasis on the community participation should see some impact soon.

3.3.1.2 - Communicable Disease: reverse HIV/AIDS Spread and Prevent, Control and Eliminate Other Communicable Disease:

Tuberculosis prevalence rate was 9.9 per 100,000 population for 2008. A total of 107 new cases recorded for the year compared to 80 in 2007. There was 4 new case of leprosy; the prevalence rate has remained at less than 1/10,000 people at risk. Dengue has increased to 111 from 53 in 2007, mainly affecting the western and central-eastern divisions. Leptospirosis has decreased to 33 in 2008 from 92 in 2007. Enteric fever (typhoid) continues to increase in 2008 with 419 cases, 288 in 2007. This may be attributed to bouts of flooding encountered in the year.

HIV/AIDS low prevalence recorded 33 new cases in the year as compared to 23 in 2007. The HIV prevalence rate amongst the 15-24 old pregnant women is also low, 0.02 in 2008.

3.3.1.3 - Improved Family Health: Reduced Maternal Morbidity and Mortality:

The maternal mortality ratio is fairly low, 31.7 in 2008, 31.1 in 2007 as compared to 41 in 1990. For 2008, 6 maternal deaths were directly caused by pregnancy, (True Maternal deaths). 60% of maternal deaths are in 20 - 29 years age group. Training for Averting Maternal Death & Disabilities (AMDD) is strategy in place for improvement of services by professionals. Upskilling of nurses, midwives and doctors is vital, as supported by the re-opening of the Lautoka Midwifery School this year. Skilled health professionals can easily be accessed by pregnant women leaving only a 1% who are still delivered by the TBAs. The Midwives Birthing Centre initiatives by CWMH midwives and the establishment of peri-urban ANCs in the Suva area are most encouraging in support of maternal and child health.

3.3.1.4 - Improved Child Health: Reduced Child Morbidity and Mortality:

Immunization coverage has been very good, a record of 93.9% coverage for measles this year as compared to 80.6% in 2007. No measles outbreak in 2008. The infant mortality rate is improving 13.1 in 2008, national target is 20 by 2011. The under 5 mortality rate is 22.4 in 2007, 23.6 in 2008 (MDG). Strengthening of EPI has been made possible through J-PIPS/JICA support. The benefits of milk supplementation program to non-thriving children should be seen in later years. The roll out of IMCI program to the divisions and its inclusion in the medical and nursing schools' curricula will greatly improve the care of sick children.

3.3.1.5 - Improved Adolescent Health: Reduced Adolescent Morbidity and Mortality

The number of suicides and attempted suicides in teenagers has increased to 66 this year from less than 50 in the last 2 years. The rate of teenage pregnancy was 8.1 in 2006, 8.5 in 2007 and 6.6 in 2008; most of these are unplanned.

3.3.1.6 – Improved Mental Health

The community psychiatric nursing (CPN) services in the 3 divisions supported by mental health project officers have helped to take the services much closer to where the clients are. There has been a number of staff training including 12 nurses with postgraduate certificates in mental health nursing. St. Giles now has the PATIS in place, which should help in the management of information on mental health and improve the services.

3.3.1.7 – Improved Environmental Health: Safe Water and Sanitation:

Only the Fiji Islands Bureau of Statistic Census 2007 can provide the exact picture, yet to be released. However, the estimation by the Environmental Health Officers in 2006 had 43% of urban people and 51% of rural had access to safe water and 87% urban and 55% rural dwellers with proper sanitation. Health Promotion programs and sanitation continue to be provided to the communities who now prefer septic tanks to water seal toilets. Work on establishing a Fiji Drinking Water Standards is almost complete.

3.3.1.8 – Improved Protection Facilities For Women, Children & Youth At Risk.

There are 26,926 families who have been recipients of the Family Assistance Scheme under the Department of Social Welfare in 2008. The scheme was granted 20 million dollars as its 2008 budget, an increase of 2 million from 2007.

Under the Care and Protection Allowance, 320 families were assisted with around \$20,000. The allowances specifically target children whose parents cannot provide for their daily needs. 100 children who live in residential homes under the Director Social Welfare also receive allowance at the rate of \$60 per month per child.

3.3.1.9 Improved Gender Equality & Equity

Through the policy statement contained in the WPA, the Department of Women has been focusing on 5 priority areas : Mainstreaming Women & Gender concerns, Women and the Law, Micro-enterprise Development, Balancing Gender in Decision Making & Elimination of Violence against Women & Children. Fiji is a signatory to the CEDAW and reports on the status of women in Fiji are submitted to the UN CEDAW Committee regularly. KPIs are set out by the department through the annual Corporate Plan as measurements in their achievements. The department coordinates all efforts by other ministries, civil societies and NGOs in the implementation of the WPA.

3.3.1.10 Improved Quality of Life & Reduce Poverty & its Burden.

There are a number of programs which are managed by the Director Social Welfare to assist families who do not have the means for basic needs. These are the Family Assistance allowances, poverty alleviation program and Care and Protection allowance. There are a number of NGOs which are provided grant by the department to assist people with their welfare needs such as the Dilkusha Girls Home (orphanage), Veilomani Boys, Poor Relief Society, Fiji Society for the Blind, Fiji Disabled People's association, to name a few. 108 families were assisted under the poverty alleviation program, a total of \$365,000 was granted to less privileged families. As per HIES (2002/2003), 34.4% of population were still living below Basic Needs Poverty Line (BNPL) and 20% of people living on less than \$2 per day.

3.3.11 Improved Monitoring and Evaluation of Poverty Alleviation Program.

The Poverty Monitoring Unit (PMU) was separated from the Department of Social Welfare in 2008 and its function was to create the INPEP (Cabinet Decision, 2004) which was based on MDG No. 1 : "Eradicate Extreme Poverty & Hunger by 2015". INPEP cuts across all government and private sector and civil societies in monitoring the impact of pro-poor projects and programs for the alleviation of poverty in Fiji. The SEEDS (2008-2010) also addresses poverty under MDG "To significantly improve the quality of life". This is also contained in the People's Charter Pillar 8 – "Reducing Poverty to a Negligible Level by 2015".

3.4 Table 8: Achievements by the Ministry of Health 2004 , 2006 - 2008

Performance Indicator	2004	2006	2007	2008
a) Service Delivery				
• Proportion of births attended by skilled health personnel	99%	99.3%	99%	98.8%
• Percentage of 1yr old fully immunized (MRI)	68.5%	74.2%	80.6%	93.9%
• Percentage of women using contraceptive	45.9%	49.1%	43%	44.7%
b) Health Outcomes				
• Infant mortality rate per 1000 live births	17.8	19.5	18.4	13.1
• Under 5 mortality rate per 1000 live births	22.5	25.8	22.4	23.6
• Maternal mortality ratio per 100,000 live births	33.9	43.5	31.1	31.7

Table 9: Poverty Alleviation Achievements - 2008

Performance Indicator	2008
a) Service Delivery	
- Number of mineworkers trained for Start Your Business	650
- Number of government departments using poverty related funds for alleviation strategies	19
- Number of families surveyed for relocation at Vatukoula.	500
b) Social Development Outcomes	
- Proportion of people living on less than \$2 per day – poverty gap ratio	20%
- Proportion of population living below basic needs poverty line (BNPL)	34.4.%

Table 10: Achievements by the Social Welfare Department - 2008

Performance Indicator	2008
a) Service Delivery	
- No. families received Family Assistance Allowance (FAA)	26,926
- No. of Child Welfare cases attended	604
- No. Probation Reports completed	57
- No. Court Reports completed	134
- No. Children received Care & Protection Allowance	94
b) Social Development Outcomes	
- Total funds used for FAA	\$20 million
- Families Assisted Care Protection Allowance	320
- No. of Families assisted in Poverty Alleviation	108

Table 11: Achievements Department of Women - 2008

Performance Indicator	2008
a) Service Delivery	
- CEDAW periodic reports to the UN	2nd, 3rd & 4th CEDAW State periodic report completed
b) Gender Equity & Equality Outcomes	
- Proportion of women participation in Government Boards	18%
- Rate at which WPA issues have been discussed with men	80%
- Proportion of women & men attending workshops on empowerment	80%
- Proportion of women who attended leadership decision making training	53%

3.5 National Health Statistics

3.5.1 Vital and Health Statistics

a) Population

The Fiji Island Bureau of Statistics (FIBS) has finally released the 2007 Census results as follows :

- **Population** - * **837,271 (2007)** F = 475,739
I = 313,798
- 775,077 (1996)
 - **Annual rate of growth** : **(1996 -2007) – 0.7%**
: (1986-1996) – 0.8%
: (1976-1986) - 2.0%
 - **By ethnicity** **Fijian – (1996- 2007) – 1.7% pa**
Indian - (1996 – 2007) – 0.7% pa
Reasons for the decline(Indian population):
 1. Continuing high emigration rate since 1987
 2. Continuing fast decrease in Indian fertility.
- (Source : FIBS – Census 2007 Results 15/10/08)

b) Table 12: Vital & Health Statistics 2008

	2005	2006	2007	2008
Population	849,361	868,488	868,107 *	879,301
Women [15-44]	183,295	186,803	185,328	191,345
Total Live birth	17,826	18,394	19,298	18,944
Crude Birth rate [per 1000 pop]	20.99	21	22.2	21.5
Crude death rate	7.02	7.1	9.8	7.4
Rate of natural increase	1.4%	1.4%	1.2%	1.4
Infant mortality rate [per 1000 live births]	20.76	19.5	18.4	13.1
Perinatal mortality rate	22.5	19.4	15.8	15.4
Neonatal mortality rate	15.37	11.3	11.9	9.0
Post neonatal mortality rate	5.39	8.2	6.5	4.1
Under five mortality rate	25.81	25.8	22.4	23.6
Maternal mortality ratio	50.49	43.5	31.1	31.7
General fertility rate/1000 CBA	97.25	96.9	104.1	99.0
Family planning protection rate	42.48	49.1	43	44.7

* Note the difference with the 2007 Census (a) and MoH population for 2007 (Table 12)

3.5.2 Hospital Utilisation - 2008

Table 13: Total Out-Patient for 2008

No.	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed Rate	Aver Length of Stay
1	CWM Hospital	183,936	442	23,265	132,429	82.09	362.82	5.69
2	Navua	8,871	12	908	1,748	39.91	4.79	1.93
3	Vunidawa	10,389	21	474	1,747	22.79	4.79	3.69
4	Korovou	3,358	17	748	2,081	33.54	5.70	2.78
5	Nausori	93,099	15	1,632	4,082	74.56	11.18	2.50
6	Wainibokasi	13,249	14	806	3,122	61.10	8.55	3.87
	Sub-total	312,902	521	27,833	145,209	76.36	397.83	5.22
7	Lautoka	164,760	341	13,766	113,250	90.99	310.27	8.23
8	Nadi	53,453	85	3,092	20,872	67.27	57.18	6.75
9	Sigatoka	23,166	58	2,530	9,649	45.58	26.44	3.81
10	Ba	65,789	36	2,771	8,532	64.93	23.38	3.08
11	Tavua	37,548	42	1,957	4,323	28.20	11.84	2.21
12	Rakiraki	35,940	24	2,423	5,769	65.86	15.81	2.38
	Sub-total	380,656	586	26,539	162,395	75.92	444.92	6.12
13	Labasa	148,406	161	8,776	44,921	76.44	123.07	5.12
14	Savusavu	20,738	58	2,442	15,219	71.89	41.70	6.23
15	Waiyevo	11,192	33	1,205	8,076	67.05	22.13	6.70
16	Nabouwalu	13,156	32	1,364	5,388	46.13	14.76	3.95
	Sub-total	193,492	284	13,787	73,604	71.01	201.65	5.34
17	Levuka	21,485	40	890	1,631	11.17	4.47	1.83
18	Vunisea	9,222	22	452	1,503	18.72	4.12	3.33
19	Lakeba	2,586	12	122	495	11.30	1.36	4.06
20	Lomaloma	4,880	16	222	871	14.91	2.39	3.92
21	Matuku		5	90	217	11.89	0.59	2.41
22	Rotuma	3,009	14	154	911	17.83	2.50	5.92
	Sub-total	41,182	109	1,930	5,628	14.15	15.42	2.92
	TOTAL	928,232	1,500	70,089	386,836	70.65	1,059.82	5.52
	GRAND TOTAL	952,197	1,743	71,166	443,112	69.65	1,214.01	6.23

Table 14: Specialised and Private Hospitals

No.	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed Rate	Aver Length of Stay
1	St Giles	11,638	136	502	42,662	85.94	116.88	84.98
2	Tamavua	2,277	64	220	8,478	36.29	23.23	38.54
3	PJ Twomey	8,068	27	77	4,592	46.60	12.58	59.64
4	Military Hospital		9			0.00	0.00	0
5	Naiserelagi Maternity	1,982	7	278	544	21.29	1.49	1.96
	Sub-total	23,965	243	1,077	56,276	63.45	154.18	52.25

3.5.3 Table 15: Top Ten Causes of Mortality 2008

1	Diseases of the circulatory system	33.92
2	Endocrine, nutritional and metabolic diseases	20.57
3	Neoplasm	9.87
4	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6.66
5	Certain infectious and parasitic diseases	6.48
6	Injury, poisoning and certain other consequences of external causes	6.14
7	Diseases of the respiratory system	5.72
8	Diseases of the genitourinary system	2.97
9	Diseases of the digestive system	2.32
10	Certain conditions originating in the perinatal period	2.13

3.5.4 Table 16: Notifiable Diseases for 2008 by Divisions

Urgent	No. of cases
<u>Acute Poliomyelitis</u>	
(a) Paralytic	0
(b) Non Paralytic	0
Anthrax	0
Avian Influenza	0
Cholera	0
Diphtheria	0
<u>Enteric Fever</u>	
(a) Typhoid Fever	419
(b) Paratyphoid Fever	0
Haemophilus Influenza	0
Hepatitis B	93
Measles	33
Meningococcal	0
Outbreaks	
- Cryptosporidiosis	0
- Dengue Fever	1,698
- Food Poisoning	19
- Giardiasis	0
- Hepatitis A	6
- Leptospirosis	81
Plague	0
Rubella [German Measles]	0
Smallpox	0
SARS	0
Yellow Fever	0
Viral Haemorrhagic Fever	30,337
** Confirmed cases from Mataika House.	
Dengue Fever	274
Leptospirosis	33
Measles [Morbilli]	0
Rubella [German Measles]	0
Influenza	0
HIV	33
ARI under 5yrs	9,598

Routine	No. of cases
Brucellosis	0
Chickenpox [varicella]	898
<u>Dysentery</u>	
(a) Amoebic	4
(b) Bacillary	155
Encephalitis	1
Fish Poisoning	951
Infective Diarrhoea	8,270
Infective Diarrhoea Enteritis	
under 5yrs	4,644
Infective Hepatitis [C,D,E]	23
Influenza [influenza like illness]	16,067
Legionellosis	0
Leprosy	4
Leptospirosis	81
Lymphatic Filariasis	0
Malaria	1
Meningitis	141
Pertussis [Whooping Cough]	185
Rheumatic Fever	5
Sexually Transmitted Infections	
(a) Gonorrhoea	1,064
(b) Granuloma Venereum	0
(c) Gonorrhoea Ophthalmia	1
(d) Lymphogranuloma Inguinale	0
(e) Soft Chancre	0
(f) Syphilis	1,004
(g) Venereal Warts	14
(h) Herpes Simplex	0
(i) Chlamydia	0
(j) Trichomonas Salmonellosis	0
Shigellosis	0
Tetanus	2
Trachoma	338
<u>Tuberculosis</u>	
(a) Pulmonary	89
(b) Other Than Pulmonary	18

3.6 Table 17: Millennium Development Goal Indicators for Health Service and Social Development in Fiji

Year	Percentage
Goal 1 : Eradicate Extreme Poverty & Hunger	
Indicator 1 - Proportion of population below Basic Needs Poverty Line[BNPL]	
2002/2003 (HIES)	34.4%
Indicator 2 - Proportion of population under minimum level of dietary energy consumption	
2002/2003 (HIES)	13.0%
Indicator 3 - Prevalence of underweight children under 5 years of age.	
2004	7.0%
Target 2015 - Halve bet 1990 & 2015 proportion of people income less that \$1 per day and people who suffer from hunger	
Goal 3 : Promote Gender Equality & Empower Women	
Indicator 12 - Proportion of seats held by women in national parliament	
2006	House of reps – 11.3%
	Senate – 12%
	Total – 11.5%
Target 2005 - Eliminate gender disparity	
Goal 4 : Reduce Child Mortality	
Indicator 13 - Under 5 mortality rate (per 1000 live births)	
2007	22.4
2008	23.6
Indicator 15 - Proportion of 1 year old children immunize against measles	
2007	80.6%
2008	93.9%
Target 2015 - Reduce 2/3 b/w 1990 & 2015 the under 5 mortality rate (National Target – Reduce IMR from 26 to 20 p 1000 live births)	
Goal 5 : Improve Maternal Health	
Indicator 16 - Maternal mortality ratio p.100,000 live births.	
2007	31.1
2008	31.7
Indicator 17 - Proportion of birth attended by skilled health personnel	
2007	99.4%
2008	98.8%
Target 2015 - Reduce by ¾ MMR b/w 1990 & 2015.	
Goal 6: Combat HIV/AIDS & Other Diseases	
Indicator 18 - HIV prevalence among 15-24 year old pregnant women	
2007	0.07
2008	0.02
Indicator 19 - Contraceptive prevalence rate	
2007	43%
2008	44.7%
Indicator 24 - Proportion of TB cases detected & cured under DOTS	
2007	88%
2008	93%
Target 2015 - Have halted & begun to reverse the spread of HIV/AIDS & other diseases.	

3.7 Overseas Treatment

The number of Fiji Citizens referred overseas for specialized treatment through government financial assistance, by medical conditions and ethnicity – 2008.

Table 18: No. of Cases Treated Overseas 2008

		Total	F	I	O	IND	NZ	AUS	Other
1	Cardiac	35	6	26	3	28	7	-	-
2	Cancer Treatment (Chemo/DXT)	26	6	20	-	21	-	4	1
3	Eye	1	1				1		
4	Kidney Transplant	1	1			1			
5	Other Renal Disease	3	2	1		3			
6	Orthopaedic	1	1	1					
7	Others	1	1	1					
	GRAND TOTAL	68	16	49	3	55	8	4	1

Figure 7: Overseas Treatment by Country

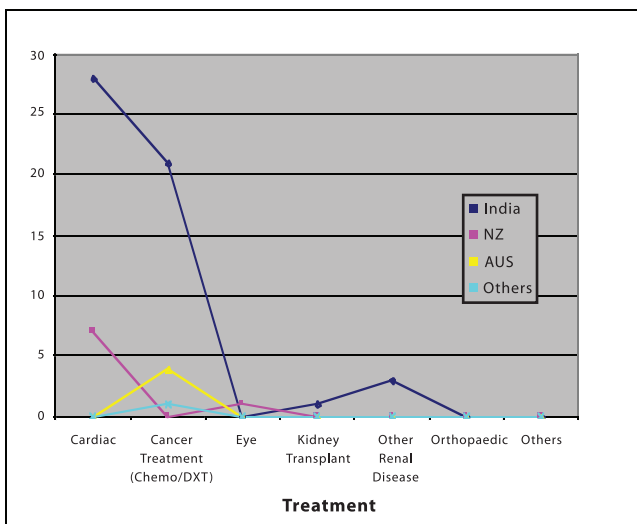
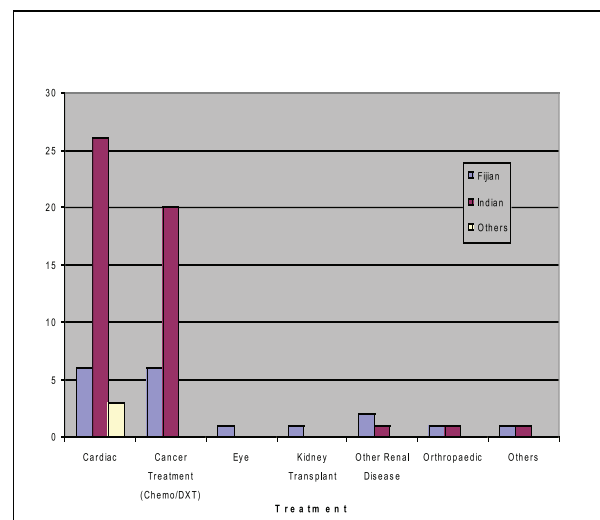


Figure 8: Overseas Treatment by Race



3.8 – Laboratory Services 2007 - 2008

The following statistics show one of the inputs of this service in terms of the number of tests conducted at the 3 base hospitals for the 2 years.

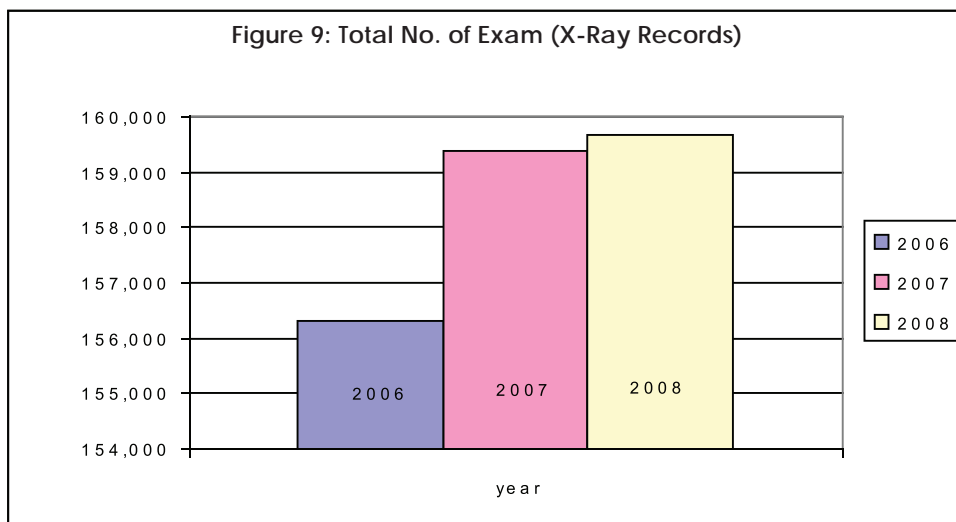
Table 19 Total No. of Laboratory Tests

	2007	2008
CWMH	1,851,582	1,804,165
Lautoka	572,884	792,811
Labasa	487,608	482,653

3.9 – Radiological Services 2006-2008

Table 20: X-Ray Section Examination Records

Hospital	Total number of exams
2006	
CWM	79,633
Lautoka	52,103
Labasa	24,596
Total	156,332
2007	
CWM	82,826
Lautoka	52,725
Labasa	23,826
Total	159,377
2008	
CWM	80,574
Lautoka	55,030
Labasa	24,059
Total	159,663



CWM Hospital alone provides CT Scan and mammogram showing the increase number of tests (examination) over the years.

Table 21: Revenue Collected for the 3 Hospitals 2008

2008	
CWM	\$ 180,469.00
Lautoka	\$ 79,085.00
Labasa	\$ 11,027.00

3.10 Health Research

1.) Research Proposals

There were six meetings of National Health Research Committee and one meeting of the Fiji National Research Ethics Review Committee.

The following research proposals were vetted by the National Health Research Committee and the Fiji National Research Ethics Review Committee.

	RESEARCH TITLE:
1	Prevalence of Aspirin Resistance among the Non - Kava Drinking and the Kava Drinking Populations of Suva Fiji Islands
2	MiniPIERS : Pre- eclampsia Integrated Estimate risk for Mothers
3	Investigation into Patient Costs of Outpatient Pneumonia in Children less than 5 years of age in Suva – Nausori Corridor in Fiji
4	A Study of Cardiovascular Risk Management in Adult Patients with Type 1 Diabetes in Fiji
5	Parental Awareness and Knowledge of Meningitis in Fiji
6	Second Generation Surveillance of HIV other STI's and Risk Behaviours in Fiji
7	Decentralisation of Health Care Systems in Fiji
8	Fiji Pneumococcal Project
9	Identifying Diabetes Risk Factors in a Multiethnic Population through Novel Data Analysis (Expedited Review)
10	How Many Shoulder Views Do We Need? Is Anteroposterior View of a Shoulder Enough as a Routine View at Labasa Hospital Setting (Expedited Review)
11	Rotavirus Surveillance in Fiji
12	An Audit of Diagnosis of Acute Rheumatic Fever at District Health Facilities in Fiji (Expedited Review)
13	Novel Method for Reducing Dental Procedural Pain and Anxiety in Children(Expedited Review)
14	Rapid Echocardiogram Screening for Rheumatic Heart Disease in Fiji
15	Pre - Intervention Study on Knowledge Attitudes and Behaviour of Teenage Students about Sexual Health and Reproductive Health (Expedited Review)
16	Genetic Origins and Structure of Fijian Population
17	A Socio - Cultural Investigation of Indigenous Fijian Women's Perception of Responses to HIV/ AIDS
18	Does Bat Biodiversity Matter in Bat - Plant Interactions? Implications for Conservation in Fiji

	RESEARCH TITLE:
19	Investigation the Role of Drug and Alcohol Use in the Spread of HIV and other Sexually Transmitted Infections in the Pacific with Specific Reference to Fiji
20	Revalidation of Dental Practitioners in Fiji - Working Towards Safety and Higher Standards in Dental Practice (Expedited Review)
21	Baseline Study of Micronutrient (Vitamin A, Iron and Zinc) Status of Children 6 months - <5 years in Fiji
22	Baseline Study of Hepatitis Virus Infection Status of Children 6 months to under 5 years in Fiji
23	Review and Synthesis of Data to Describe the Current Status, Trends and Future Projections of the HIV Epidemic in the Pacific Region
	The Effectiveness of Financing and Aid Coordination in Responding to the HIV Epidemic in the Pacific (Expedited Review)
24	Measuring Quality of Life Improvements in Fijian Cataract Patients using IVI_M (Expedited Review)
25	Discourses and Representations on HIV/AIDS in Fiji and Impact on the Experience of People Living with HIV and AIDS
26	Development and Evaluation of a Continuous Quality Improvement Model for RHD Prevention and Control in Fiji
27	Psychological impact and the burden of care-giving for persons with spinal cord injury living in the community.
28	Burnout Levels among Surgeons in Fiji
29	Survey on HIV/AIDS and Universal Precaution
30	Infectious Disease Surveillance - Organisational Readiness for Change in the Fiji Ministry of Health
31	A Randomised Controlled Trial of Honey Application on Diabetic Foot Ulcers

2.) Final Report

The following final reports were submitted to the National Health Research Committee.

REFERENCE NO:	RESEARCH TITLE:	INVESTIGATOR/S
1	The Spectrum of HIV Strains Infecting the Fijian Population	F. Raikanikoda
2	Should I Migrate or Should I Remain? Professional Satisfaction and Career Decisions of Doctors who have Undertaken Specialist Training in Fiji.	K. M. Oman
3	Investigation into Patient Costs of Outpatient Pneumonia in Children less than 5 years of age in Suva – Nausori Corridor in Fiji	B. Temple
4	Rapid Echocardiogram Screening for Rheumatic Heart Disease in Fiji	B. Reeves

3.) The National Research Committee can now access the National Health Inter Network Access to Research Initiative (HINARI) Database

3.11 – Oral Health Services

The Oral Health Unit experienced a dynamic and eventful year. Achievements in productivity, human resource management and staff development were highlights of our year. Challenges and constraints were also part of our daily routine but they did not deter our commitment for or focus on service delivery. In addition to the provision of clinical curative services, oral health promotion was a prominent focus for oral health with emphasis also on prevention and community engagement.

The expansion of services to meet the treatment needs of our people was a major highlight for the oral health unit with the initiation of oral health services at Makoi Health Centre and the new dental clinic at Keiyasi Health Centre. The availability of materials, equipment and human resources continue to be a challenge for us, but we have shown marked improvements and we aim to keep reviewing and prioritising our needs.

National Oral Health Week continues to be a prominent feature of the ministry's calendar and has widespread coverage and is an effective event in promoting oral health to the whole country. Oral Health has strengthened its integration with other health programs, e.g. antenatal clinics (ANC), child and mother health clinics (MCHC), adolescent reproductive health (ARH), school programs and care of the elderly. Furthermore, our participation in non-communicable diseases (NCD) activities has made our presence felt in communities around the country.



National Oral Health Week March 2008

Figure 10: Attendance at Static Clinic for 3 Major Hospitals in 2008

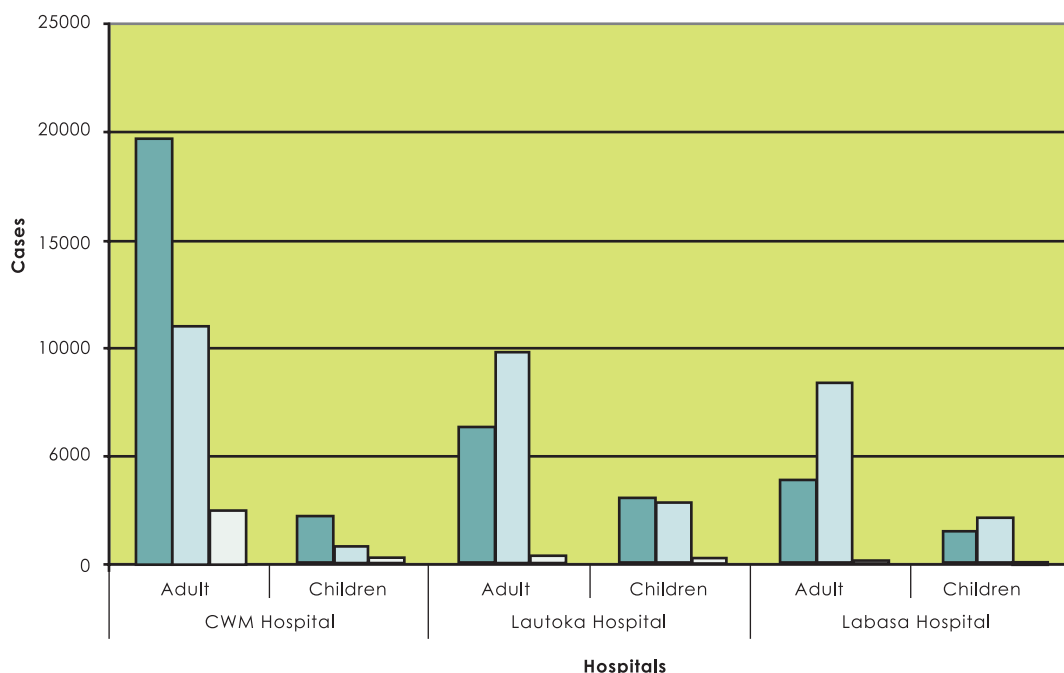


Figure 11: Curative Services for 3 Divisions in 2008

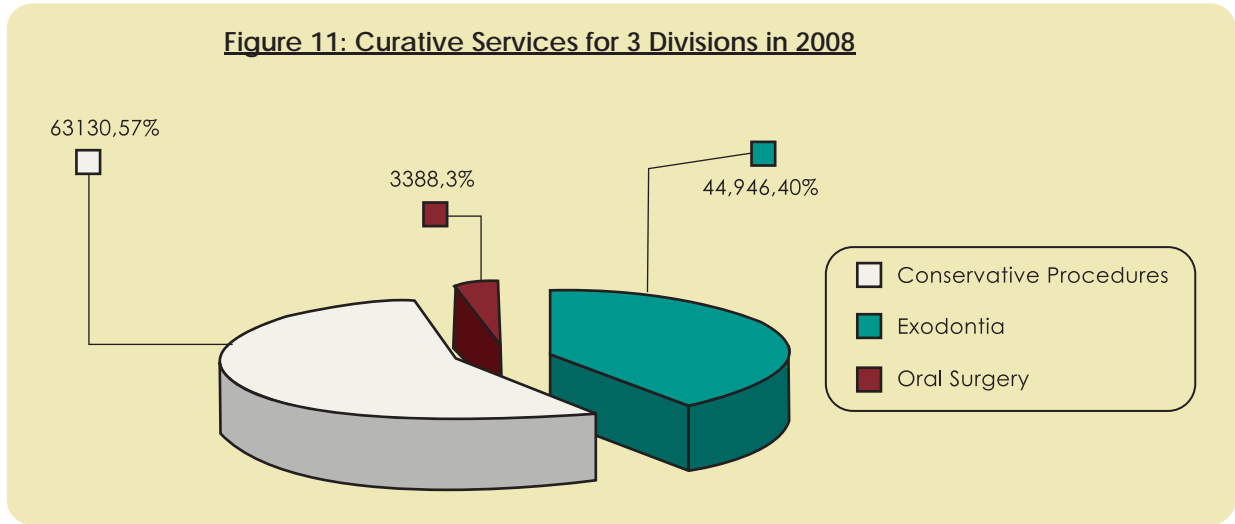
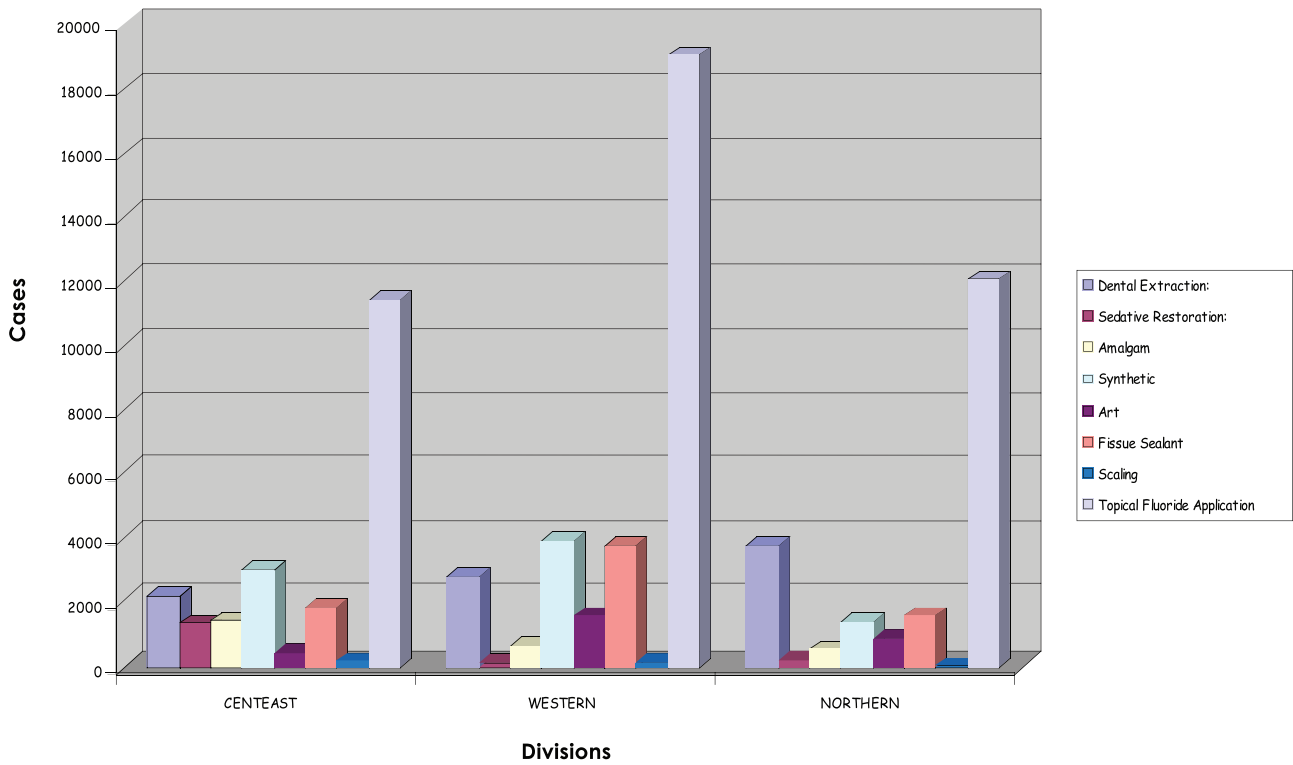


Figure 12: Dental Procedures through School Oral Health Services by Divisions 2008



3.12 – Table 22: Capital Infrastructure 2008

The following upgrading and construction works in the various health facilities were completed in 2008.

Asset Type	Project	Expected Ownership	Estimated Cost	Estimated Useful life
Nadarivatu Health Centre Staff Quarters	1 x 2 bedroom	Government	\$123,000	50 years
Upgrading of Ba Mission Hosp, Nailaga & Ba H/Centres	Renovations of Staff Qtrs & Rockfill for river embankment at Nailaga Health Centre	Ba Mission Hosp. Private Ba & Nailaga H/Centres- Govt.	\$79,000	60 years
Upgrading of Health Facilities in the Urban Centres		Government	\$2million	50 years
	Refurbishment of Midwifery Classroom, Lautoka Hospital		FHSIP funded	50 years

Asset Type	Project	Expected Ownership	Estimated Cost	Estimated Useful life	
Upgrading of Health Facilities in the Sub-Divisional Medical Areas	Exterior works, Lautoka hospital		\$200,000	50 years	
	Lau Ward, CWMH		\$98,000	50 years	
	Water Tanks, Maternity Wing - CWMH		\$27,000	10 years	
	Top Kitchen Lift		\$170,000	50 years	
	Renovations to Sister's Qtrs		\$50,000	50 years	
	Completion of New Wing, Labasa hospital		\$670,00	50 years	
	Refurbishment to Fiji School of Nursing Dormitories		\$150,000	50 years	
	Qtrs 73 & 74, Qtrs 23, Qtrs 123, Qtrs 132, Qtrs 48, Tamavua hospital barracks		\$100,000	50 years	
	Tamavua - Twomey hospital		\$50,000	50 years	
		Government			
	Refurbishment of Nasau Health Centre		\$49,000	50 years	
	Construction of Staff Qtrs at Nasavu Nursing Station		\$17,000 [Lease payment] + \$100,000	50 years	
	Upgrading of Bureta Nursing Station to Health Centre Grade C		\$100,000	50 years	
	Renovations to Rotuma hospital		\$94,000	50 years	
	Construction of Staff Qtrs [1 x 2 bedroom], Udu Nursing Station		\$45,000	50 years	
	General Maintenance works at Cicia Health Centre		\$32,000	50 years	
	Renovations to Verata Nursing Station		\$6,000	50 years	
	Refurbishment of Namara nursing Station		\$23,000	50 years	
	Construction of 2 Staff Qtrs [1 x 3 bedroom & [1 x 2 bedroom] at Nakorosule Health Centre		\$145,000	50 years	
	Renovations to Nausori Maternity Unit		\$30,000	50 years	
	Renovations to Nabouwalu hospital		\$7,200	50 years	
	Renovations to Qamea Health Centre		\$6,000	50 years	
	Renovations to Vuna Health Centre		\$9,500	50 years	
	Renovations to Yacata Nursing Station		\$6,500	50 years	
	Renovations to Nabalebale Nursing Station		\$7,050	50 years	
	Renovations to Saqani Health Centre		\$15,616	50 years	
	Renovations to Kioa Nursing Station		\$10,500	50 years	
	Renovations to Naweni Nursing Station		\$10,050	50 years	
	Renovations to Tawake Nursing Station		\$10,050	50 years	
	Renovations Naqumu Nursing Station		\$22,000	50 years	
	Renovations to Divisional Training Centre		\$4,700	50 years	
	Renovations to Kese Health Centre		\$36,438	50 years	
	Renovations to Bukuya Health Centre		\$50,289	50 years	
Renovations to Malolo Health Centre		\$3,185	50 years		
Renovations to Namaka Health Centre		\$17,413	50 years		
Renovations to Keiyasi Health Centre		\$1,878	50 years		
Renovations to Sigatoka Hospital		\$4,053	50 years		

Asset Type	Project	Expected Ownership	Estimated Cost	Estimated Useful life
New Generator for Lautoka	Purchase	Ministry of Health	\$242,000	10 years
New Boiler for CWMH	Purchase	Ministry of Health	\$232,000	10 years
CWMH Incinerator	Construction of house for relocation of Incinerator	Ministry of Health	\$110,000	50 years

3.13 – Environmental Health

1. Introduction

The Ministry of Health is the legal custodian of the Food Safety Act (2004) and Regulation and is also legally recognized as the Competent Authority (CA) for Fish and Fishery products for export purposes. This year's report will specifically highlight one of the achievements and developments in Environmental Health, namely the Food Unit, under the Food Safety Act.

2. The Food Unit

Approved by Cabinet on the 17th of June 2008, the unit is tasked with facilitating and getting Fiji back to the European Union market and be custodian of the Food Safety Act and Food Regulation.

The unit is manned by the Senior Health Inspector Food Control and 6 Environmental Health Officers.

3. The following competencies must be achieved and maintained:

- Regulatory verification of establishments transport, ice plants, landing sites, food production and fishing vessels (local and foreign)
- Registration, approval and listing of establishments (including vessels and cool stores) authorised to export to the EU
- Manage the listing status of establishments based on compliance
- Produce and sign the required Health Certificates
- Maintain records and database
- Training for Environmental Health Officers
- Training of Industry
- Custodian of all Food Legislation
- Provide technical advice to the Central Board of Health, and the stakeholders.

4. Achievements for 2008 (June to Dec)

Draft Food Safety Regulation completed and cleared by the Attorney General's Office before presented to Cabinet in 2009.



WHO consultant facilitating the discussion during the Food Regulation consultation

- A meeting on Food Importation was conducted in Lautoka, aimed at evaluating the current system in place at all ports of entry and develop a Risk Based system for Quality and Standards.

The training was undertaken this year for competent authority staff, Fiji Meats Industry Board staff, and the Fiji Business Operators.

After training, the CA staff then conducted a formal auditing and issuing Audit Summary Report and Corrective Action Reports to the relevant companies.



Fish Business operators training

5. Other Issues

i) Melamine Scare

Melamine is an organic compound that is often combined with formaldehyde to produce melamine resin, a synthetic polymer which is fire resistant and heat tolerant. Melamine resin is a very versatile material with a highly stable structure. Uses for melamine include whiteboards, floor tiles, kitchenware, fire retardant fabrics, and commercial filters. Melamine can be easily molded while warm, but will set into a fixed form. This property makes it ideally suited to certain industrial applications.

Melamine had been found in some of the food products, especially sweets, which were imported from overseas.

Melamine is contained in the white Rabbit Candy which was found in a shop in Suva and was confiscated and disposed.



White Rabbit Candy

The Unit has been involved in the protection of the public from such a threat.

ii) Infant Formula

No infant formula from any Asian country is allowed into Fiji.



Workers processing at Fiji Fish Holding Limited

iii) Auditing of Fishing Resources:

The following areas were audited by the Unit:

a) Fishing Vessels

All Solander vessels were audited based on the offshore vessel checklist in the National Control Plan.

b) Processing Plant

This is the processing area itself where fish is processed, by grading, heading, removal of fins, washing; weighing and packaging are carried out. One of the important factors of fish processing is the maintenance of time and temperature to avoid any possible formation of histamine as this poses a lot of threat to the product and the fish as a whole.

c) Transport

This describes canopy freezer installed 3-5 ton trucks which transport fish products from the vessel to the plant and from the plant to the airport. This is important as fish are protected from direct sunlight and enables a free flow of process.

d) Ice Plant

Manufactures ice from municipal water supply. The ice is used when off loading fish to maintain temperatures and avoid any temperature abuse which can result in histamine formation. It is also used by vessels to store their catches while at sea. Temperature of fish placed in this medium remains at 0oC.

e) Cold Stores

This is a storage facility is used for storing frozen fish products which are later used as loins. Some products are also exported wholly. Temperatures of cold store are usually -30 oC.

6. Conclusion

The Food Unit has come a long way with the first six months of its existence and can hope for more and better output in 2009.

3.14 Fiji Pharmaceutical Services Centre (FPSC)

The FPS Centre was changed to the new name Fiji Pharmaceutical & Biomedical Supply Centre (FPBSC) when the Biomedical services have merged with FPS and relocated to Vatuwaqa.

The FPBSC provides 5 core services :

- 1) Procurement, Warehousing and Distribution Centre
- 2) Essential Medicine Authority (EMA)
- 3) Inspectorate & Regulatory Affairs (IRA)
- 4) Bulk Purchase Scheme (BPS)
- 5) Institutional Pharmacy & Biomedical Services

Achievements for 2008

A.EMA

- Involvement in the National Typhoid Symposium at Savusavu and other important forum as the Influenza Preparedness, Global Funding for AIDS, TB & Malaria (GFATM).
- Forecasting tool developed for the sourcing of adequate cytotoxic drugs.
- Printing of 2nd Edition of Standard Treatment Guidelines (STG) on Diabetes, Cardiovascular and Emergencies.
- Support provided to the EMA by 2 Australia Youth Ambassador.
- The National Medicine & Therapeutic Committee (NMTC) met 6 times in the year. The NMTC wish to record its gratitude to Professor Robert Moulds, the Acting Dean FSMed for his tireless and invaluable contribution as a member in the last 7 years.
- Net profit for BPS by end of November 2008 was \$97,259.00.

B. Procurement

Is a complex process which has continually been in the "lowlights" for sometime, even after the opening of new FPS in 2004.

However, 2008 has seen some light with strategies identified. Strategies will help improve and expedite the acquisition of medical supplies through visibility along the supply chain.

Maersk Logistics & Freight Services have provided tracking tools to monitor the visibility of all purchase orders with the suppliers; the impact has been seen in the reduction of out of stock, as compared to previous years, even though it is still around 100.

C.Warehouse & Distribution

There has been a notable achievement through the recruitment of a project office to improve the operational capacity of the warehouse.

D.Biomedical Unit

The merge with FPS has made equipment procurement, distribution and maintenance an additional priority service for FPBS.

An additional budget of 1.3 million dollars was approved by Cabinet at end of the year for purchase of spare parts.

3.15 - Special Feature

The Annual Report (2008) also highlights the roles and functions of two (2) specific areas of health services, namely:

- 1) Medical Unit, CWM Hospital under the leadership of Dr Gyaneshwar Rao, Head of Medical Unit and Consultant Physician and Dr. William May, CMO.
- 2) Development in the Expanded Programme in Immunization (EPI) under the Director of Public Health, Dr Timaima Tuiketeli & National Adviser -Dr Josaia Samuela.

3.15.1 - Medical Unit, CWM Hospital, Suva

VISION

The health services provided by the Medical Unit (MU) of CWMH enhances the standardization and integration of health services for quality and productive lives of our people in Fiji.

MISSION

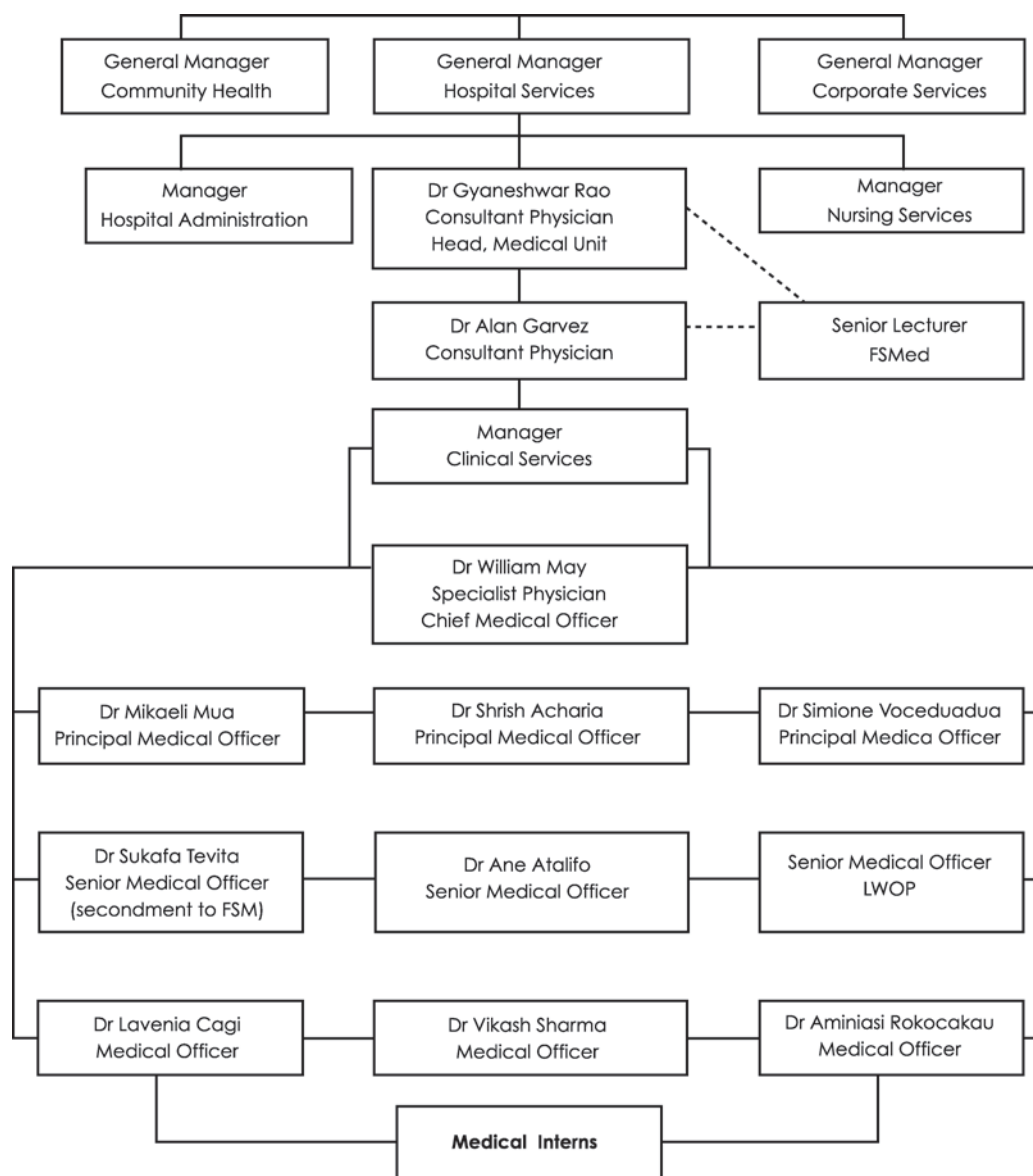
To provide quality health services through highly qualified and motivated physicians, paramedicals, nurses and other personnel, to all who may require their services.

VALUES

The values that we uphold are designed to achieve our Vision and Mission. These values are derived from the Public Service Act (1999) and the Medical and Dental Practitioners Act, which include the following:

- Uphold government objectives of maintaining an adequate primary and preventive health care services and promotion of health and maintaining an effective, efficient and quality clinical health care and rehabilitation services.
- Serve the country's interest with diligence, integrity and honesty.
- Work cordially with professional colleagues and students
- Uphold professional obligations
- Maintain confidentiality, discipline and dedication

Figure 13: Organisation Chart Medical Unit, CWMH



• **Performance Indicators**

Below shows the performance indicators for the Medical Unit in 2007-2008

- CWMH – bed capacity 462
- Average length of stay (AL OS) – 5.46 days
- Occupancy Rate – 72.15% (2007), 82.09%(2008)
- Total Admissions - 23, 265 (2008)
- Total Outpatients - 183, 936(2008)

a) Service Delivery	2007	2008
Proportion of admissions to Medical Unit at CWMH	14%	13.2%
Proportion of outpatients seen by Medical Unit (CWMH)	9.2%	8.4%
b) Health Outcomes		
Mortality rate for all admissions to medical unit (CWMH)	12.7%	12%

Movement of Staff in 2008

1. Dr. William May joined the Unit in March 2008 after completing further studies in Cardiology in Christchurch, New Zealand. He underwent special training in Transesophageal Echocardiography and General Cardiology.
2. Dr. Shrish Acharya was transferred to Labasa Hospital on 30/06/08 till the end of December 2008 to relieve the clinical workload in the Medical Unit, Labasa Hospital.
3. Dr Simi Voceduadua and Dr Aminiasi Rokocakau had short attachments to Medical Unit, Lautoka Hospital, in the months of September 2008 and October 2008 as part of clinical networking.
4. Dr Simi Voceduadua, on request by the Kidney Foundation of Fiji, and with the permission of the Ministry of Health (MOH), took up duties on a part time basis with the Dialysis Centre, based in C W M Hospital, in October 2008.
5. Dr Alan Garvez, Consultant Physician, after serving MOH for fifteen years, resigned at the end of October 2008. During his stay with the MOH his contributions were tremendous and he would be remembered always for his worthy contributions.
6. Professor Robert Moulds, Consultant Physician and Tutor in Internal Medicine, Fiji School of Medicine, ceased clinical work in the Unit and took up duties as Acting Dean of the School in July 2008. Prof Moulds joined the Medical Unit and the School on 4th February 2002. Before taking over the post of Acting Dean, he worked as the Consultant Physician in the Medical Unit with heavy clinical responsibilities. In his capacity as a Clinical Pharmacologist, he played a very active role as a member of the National Drug and Medicine Committee, Ministry of Health. His contributions to the MOH would always be remembered.
7. Dr. Sukafa Tevita, SMO, seconded to FSM for 1 year relieving Prof. Moulds.

Organization of Work

The Unit adopts a team approach strategy to providing its functions and roles for inpatient care.

Services are provided through the 4 teams on 3 monthly rotation, headed by the Consultants, including registrars and criteria.

1. Dr. Gyaneshwar Rao
2. Dr. Alan Garvez
3. Dr William May
4. Professor Moulds/Dr S. Tevita (FSMed) –

On call duties for registrars and interns provide the 24 hour coverage necessary for patient care.



On a busy SOPD day, CWMH

Types of Services Provided

1) Inpatient Services

- Acutely ill patients are normally managed at the Coronary Care Unit or Intensive Care Unit or Acute Medical Ward. Once they improve they are transferred to the MMW, WMW or Paying Ward.
- Renovation works have been completed for the Lau Ward (WMW) and Rewa Ward (MMW) through the government budget and the Colonial Bank assistance. CWMH has been able to provide full services once these wards were reopened late in the year.



Staff Nurse with student nurses at the Old Rt. Sukuna Ward, CWMH

- Specialized Care

These are provided in the following areas within the available resources:

- Cardiology
- Respiratory
- Oncology
- Infectious Disease
- Neurology
- Endocrinology
- Renal
- Cerebral Vascular

2) Outpatient Services

Special Outpatient Clinics

Table 1. Total number of patients seen, Special Outpatient

Clinics, CWM Hospital, Medical Unit, 2008.

Clinic	No. of patients seen
Medical	10511
Coronary Care	469
Neurology	1464
Cardiac	2672
Registrars' Review	276
Total	15392

Outreach Clinics

Outreach Clinics were conducted at fortnightly intervals in the following areas: Navua , Vunidawa , Korovou and Rewa Subdivision. These clinics were done to achieve the following objectives:

- to enable the patients in the rural areas to gain access to senior staff from CWM Hospital
- to identify patients requiring investigations and management at Divisional level
- to assist doctors at the local level in the management of patients at the local level.
- To reduce the congestion in the Special Outpatient Clinics in CWM Hospital.

- Number of diagnostic procedures by Medical Unit in 2008

- Gastroscopy 62
- Bronchoscopy 9
- Echocardiography 671
- Stress 99
- Colonoscopy 6



Dr. Rao, Sister Maraia and a patient at the Endoscopy Unit



Tuvalu Lady, Sr Dass, a visitor at the Haemodialysis Unit - CWMH

3. Cardiology Services

The cardiology service forms a major component of the Department's General Medicine overall services.

We do not offer a full range of cardiology service but only a part of it. The service is delivered in the form of special outpatient cardiac clinics, diagnostic services such as Exercise Stress testing and Transthoracic Echocardiography.

Cardiac Inpatient care is taken care of by each respective General Physician responsible. We do not offer a specialized cardiology service as part of inpatient service. As per Clinical Services Plan, Cardiology and Oncology were cited as the 2 areas for development/strengthening in 2006. Through CSN, Cardiology was taken up by the 3 base hospitals, IST for Dr May in NZ and the allocation of \$40,000 in the yearly budget. Similarly for Oncology, a Review was done by Professor Richard Fox (2006) where recommendations have been taken up by Ministry. eg review of Chemotherapy Protocols.



Dr. William May at the Echocardiogram Unit

Overseas visiting Cardiac teams

The country has been very fortunate to have the services of the Visiting Cardiac Teams from Australia and New Zealand annually. These teams are highly specialized and consist of cardiologists, cardiothoracic surgeons, anaesthetists, intensivists, perfusionists, nurses, physiotherapists, echocardiography technicians etc.

In 2008, there were two visits by Visiting Cardiac Teams. A visit by the Sydney Adventist Cardiac Team took place in May and its services were based in C W M Hospital. A second visit by the New Zealand Cardiac Team took place in November and all its services including pacemaker insertion were based in Lautoka Hospital.

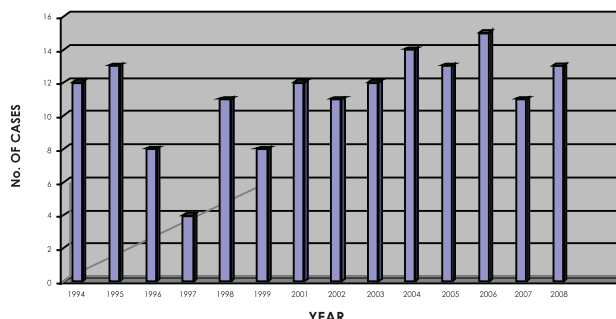
Each year the three major divisional hospitals prepare a list of booked patients with Rheumatic valve diseases or adult congenital heart diseases for re-assessment by these visiting teams. This process has not been without problems as many local factors influence decisions for short-listing patients.

These teams generally screen all patients who are potential candidates for valve surgery or repair of congenital defects and then they draw up a final list of patients for surgery. The NZ team in 2008 also provided pacemaker insertions with the help of an electrophysiology fellow to patients who urgently needed them.

The teams usually carry out screening and surgery over a period of two weeks. When they depart the local cardiac teams then follow up these patients for anticoagulation monitoring as well as observations for potential life threatening complications such as cardiac tamponade.

The table 5 below summarizes all the adult patients who have been operated upon from 1994 to 2008 for various congenital heart diseases and Rheumatic valve diseases.

Figure 14: Adult Cardiac Surgery



The total number of Pacemaker insertions and change of pacemaker box over the same period has been 53.

Benefits to Government

- The benefit derived from these visits has saved the Ministry of Health and the Govt of Fiji millions of dollars.
- The visits have now spanned over a period of almost two decades and a lot of issues would need to be considered. Of paramount importance is the sustainability of the visits and these needs to be budgeted for annually by the ministry of health that pays for the prosthetic valves used and accommodation costs.
- While these visits have been beneficial in terms of services provided and cost saving, the training of local staff and infrastructure development have lagged behind and the current existing cardiology services need strengthening. Plans are underway to establish a cardiology suite in CWM Hospital in future. This will be a completely new service for Fiji and will entail extra infrastructure development, staffing and equipment needs.

Weaknesses

We need to understand that patients most often do not understand the implications of rheumatic heart disease, natural history and prevention measures. This has been labelled as a disease of poverty by some well-known authors of the subject.

- Patients, relatives and medical staff need to address the importance and potential life saving role of Benzathine Penicillin prophylaxis. The ministry would save huge costs if it seriously embarks on a strong and sustainable secondary preventative program for rheumatic heart disease.
- Patient's education on anticoagulation therapy (warfarin). Religious beliefs and other factors have in the past influenced people to stop taking this important medication after valve replacement.
- Research is necessary in this area of cardiology and cardiology services in general for CWMH and Fiji as a whole.

Other Activities

MU Staff Meeting

1. The Medical Unit holds monthly meetings with hospital staff that either have direct or indirect patient care. The main aim of the meeting is to improve quality of care to patients admitted to the Medical Unit. The meeting is held every first Tuesday of the month. The atmosphere of the meeting is informal, friendly and constructive. Problems and possible solutions are identified bearing in mind that we have to work on the available resources available achieving efficiency and effectiveness in health care delivery in the process.

2. Mortality Review

The mortality review is conducted immediately after the monthly meeting with hospital staff. The main aim of the activity is to audit and improve on the care and management of patients. The activity also reviews on:

- the number of patients admitted in the different medical wards for the month;

- the number of deaths in each ward for the month; and a
- a list of patients who died in each ward with their respective diagnosis.

3. Lunch Hour Sessions

Case presentations by the Medical Unit are held as scheduled by the Coordinator of the Lunch Hour Sessions (Head of the Medical Unit) of the hospital held every Tuesday and most Wednesday from 1:00 to 2:00 PM. The sessions are inter-disciplinary and each clinical discipline take turns in presenting a case that will have clinical significance on the different medical specialties.

4. Protocol Development

Medical Unit staffs decided at the beginning of the year to update all the existing medical unit clinical protocols and develop any other clinical protocols relevant to the practice of medicine in the unit. The Unit was very fortunate to have the service of two senior overseas medical registrars- Dr Angus Ritchie (Melbourne) and Dr David MacDonald (Brisbane) – who had tremendous input in assisting the local staff in the development of protocols.

5. Pathology Sessions

These sessions were held every Thursday 0800 hrs for about 30- 45 minutes and involved the staff from the Medical Unit, Pathology Department and students. The discussions were very interactive and informative.

6. Radiology Sessions

These sessions are held every Friday from 8:00 to 9:00 AM. This learning activity is held in coordination with the Radiology Department and is mainly aimed to guide medical staff in making a diagnosis through a discussion of the correlation between the clinical manifestations of the patient and the radiology findings.

Acknowledgement

The Medical Unit would like to acknowledge the support given by the CWM Hospital Administration and the Ministry of Health, FSMed during the year 2008 and the contributions by the visiting overseas teams and other agencies

3.15.2 – Developments in the Expanded Program on Immunisation [EPI]

Introduction :

Immunisation is one of the most important preventive and cost effective health measures for the individual child and the community. Every child has the right to be immunized.

WHO has a recommended list of Immunisation Schedule which member countries may adopt but taking into account the local disease patterns. The National EPI strategic Plan 2007-2011 contains vision and mission statements by the Ministry of Health in providing this core business. Currently, Fiji's Immunisation Program includes the 4 schedules :

i] Schedule A for 0-1year children

- BCG
- Oral Polio (OPV)
- DPT
- Measles
- Hepatitis B (HBV)
- Haemophilus Influenza Type B (hib)

All these vaccines are expected to be given before the child reaches the age of 1 year.

ii] Schedule B – School Children

iii] Schedule C – For defaulters

iv] Schedule D – For antenatal women – Tetanus Toxoid

This special feature attempts to show some of the developments, strengths and weaknesses in our immunization program in terms of its impact on disease prevention and promotion of public health in Fiji.

Trends in Fiji's EPI (1960-2006)

Generally, Fiji has a successful program in EPI where there has been a dramatic impact on the incidence of infectious diseases over the past decades. No case of poliomyelitis reported since 1960 neither has there been a case of diphtheria since 1970 (Source : MOH). Tetanus has hardly been seen since the 1970s.

However, in spite of the immunization schedule in place by the Ministry, there are still areas of concern in disease prevention, for example in TB and Measles. There may be other factors involved besides vaccination.

Vaccination against haemophilus influenza and Hepatitis B have been recent development in the past decade.

Further another recent development has been in the adoption in 2006 of the new pentavalent vaccine which comprises DPT, Hib and Hep B:. This has replaced the old version where these vaccines were administered separately.

EPI is generally managed by Nurses from the most peripheral nursing stations, health centres, sub-divisional, base hospitals and up to divisional level. The establishment of EPI divisional project officers in the recent past and the continuing need to strengthen EPI through the creation of divisional project officers and continuing education for nurses should improve the services.

How successful is the EPI?

Through the WHO, Fiji has been able to source its latest addition in Immunisation which is aimed at protecting and preventing women from Cervical Cancer. The new National Human Papillomavirus Vaccination Program (HPV) was launched in September 2008 by the Minister for Health.

Fiji uses Gardasil ® vaccines which is highly effective in protecting women against HPV (types 6,11 &16). The vaccine has now been available at selected health centres for girls aged 9-12years with parental consent. This is a one off immunization, the national target is 32,000 for 3 doses; 120,000 doses have been donated by Merck USA at a cost of 13 million USD.

The Human Papillomavirus has been proved to cause over 90% of cervical cancer which is the leading cause of cancer in women in Fiji. It is also a leading cause of death (MOH-PhamNews Bullentin).

Following the launch, there was a lot of media exchanges as members of the public were drawn to speculation and assumptions when a few cases of adverse events were highlighted. Naturally, people would be anxious when such a vaccine was linked to CANCER.

In hindsight, the need to conduct awareness program to members of the public and health workers supported by research findings on HPV and cancer prevention, would have been so vital a strategy in the implementation of such a new program.

Strengthening of EPI Programme
EPI Programme

Activities strengthening EPI programme /immunisation in the country:

Table 23: Cold Chain Management

Division	No. of Sites	Standard Equipment	Non-standard Equipment	Nil Equipment	Overall Coverage
Central	54	44	10	-	100%
Eastern	54	42	5	5	87%
Northern	50	40	7	4	94%
Western	67	49	18	-	100%
TOTAL	221	173 (78%)	39 (18)	9 (4%)	96%

Table 24: Number of Training Conducted

Division	No. Conducted	Topic Covered	Funding Agency
Central & Eastern	12	Basic EPI, Miro-planning Integrated Topics	FSHIP/AUSAID
Northern	6	Basic EPI & Micro-planning Integrated Topics	FSHIP/AUSAID
Western	8	Basic EPI & Micro-planning Integrated Topics	FSHIP/AUSAID
Regional	1 (Annually)	EPI & Vaccine logistics, Micro-planning Cold Chain Mngt.	J-PIPS/JICA, UNICEF
Institution - FSN	1	Basic EPI, vaccine logistics & Cold chain	Govt

Table 25. Safe EPI Waste Disposal

Location	Type of Incinerator	Donor Agency
Rotuma	Sicim	JICA
Kadavu	Samara	J-PIPS/JICA
Nailaga, Ba	Samara	J-PIPS/JICA
Levuka	Stella	Rotary 2650/Japan

4. Vaccine Distribution

Vaccine delivery is on a monthly basis from FPBSC to supplying centres by:

- FPBSC Cooler truck for Viti Levu
- Airfreight for Northern and Eastern division
- On exceptional cases by boat after liaison with receiving officers.

5. Areas of Concern :

- i. Knowledge strengthening and skills improvement for nurses. There is a need to strengthen this area through continuing education, information sharing/networking and documentation and analysis.
- ii. Immunisation coverage rates – need to improve this through proper data collection and analysis. If the data is missing, analysis on rates would be reflected negatively.
- iii. Coverage is aimed at more than 95% in all vaccines. Data collection – important to have your EPI target population, record all immunization in the appropriate register and send to Health Information Unit for analysis.
- iv. **Management of Resources**
Manage vaccine stock through proper vaccine order calculation in order to minimize wastage.
- v. **Strategic Planning and Policy implementation**
Nurses and doctors must refer to the National EPI Strategic Plan (2007-2011) which sets out strategic direction for Fiji's National EPI Program. Nurses, Midwives and Nurse Practitioners Board also has a policy for nurses on Immunisation.

6. Future Direction

- i. Ministry of Health invests heavily on EPI program for the protection and safety of the children and community against the vaccine preventable diseases.
- ii. Strategic Planning and Research are crucial to the development of EPI in Fiji and towards global program of certain diseases.

7. Conclusion

There is certainly a significant reduction in the incidence and mortality of vaccine preventable diseases since the EPI Program has been in place. However, concerted efforts by all key stakeholders are still vital in guarding against complacency which may lead to unexpected disease outbreak.



The Launching of the New NHPV Program 2008

8. Acknowledgement

Fiji records its appreciation and gratitude to the following agencies for their contribution and kind assistance to the government of Fiji in strengthening EPI programme:

- J-PIPS/JICA - donated 45 vaccine fridges & spare parts, 1 EPI vehicle for Northern Division
- UNICEF – donated 56 vaccine fridges & spare parts, 2 EPI vehicles (West & Central) and 1 x 30 ft EPI Boat based at Western division
- FSHIP/AUSAID – seconding the 3 Project Officers for each division, providing training materials, funding EPI trainings and assisted in national programmes.

3.16 Department of Social Welfare: Performances 2008

1] Family Assistance Scheme

The Ministry was allocated a budget of \$20 million for Family Assistance allowance, an increase of \$2 million from 2007. This assistance supports families who do not have sufficient for their daily needs because of various reasons. The minimum allowance per month per household is \$60.00.

A total of 26,926 families were assisted with Family Assistance allowance in 2008.

Table 26: Family Assistance Recipients By Category and Gender

Category	FIJIAN		INDO-FIJIAN		OTHERS		TOTAL
	F	M	F	M	F	M	F
Chronic Illness	1468	2308	1529	1700	80	65	3077
Death of Breadwinner/Widow	2919	204	2703	98	92	8	5714
Deserted by Spouse	756	60	808	45	33	4	1597
Elderly	2083	2209	1328	902	95	68	3706
Permanently Disabled	911	823	912	603	54	46	1877
Prisoner's Dependent	141	16	81	6	6	1	228
Single Parent	1188	133	188	23	28	1	1404
Total	9466	5753	7549	3377	383	163	17,603

2] Poverty Alleviation Program

A budget of \$1.5 million for Poverty Alleviation was approved, no increase from 2007. The Poverty Alleviation Program assists low income families to improve their standard of living. Those who qualify under the program include recipients of Family Assistance and Care and Protection allowances.

A total of 108 families were assisted from the Poverty Alleviation grant in 2008.

Family Assistance Recipients	44 (\$204,000)	[5 Income Generating, 39 Housing]
Ex Prisoners	17 (\$54,000)	[14 Income Generating, 3 Housing]
Ex-Servicemen	7 (\$27,000)	[1 Income Generating, 6 Housing]
Fire Victims	40 (\$80,000)	[40 Cash Grant]
Total	108 (\$365,000)	

Income Generating 20, Housing 48, Cash Grants to Fire Victims 40]

3] Care and Protection Allowance

The Care and Protection allowance specifically targets children, whose parents/guardians are not able to meet the daily needs of the child.

The rate of allowance is based on the following criteria:(per child/month)

1. Non School child- \$25.00
2. Primary School-\$30.00
3. Secondary School-\$40.00
4. Child with disability-\$60.00
5. Child in Institution-\$60.00

Table 27: Families Receiving Care and Protection Allowance 2008

Category	TOTAL	Amount (\$) per month
Southern Eastern	83	\$5,170
Central	91	\$5,295
South Western	48	\$2,940
North Western	46	\$3,140
Northern	53	\$2,895
Total	320	\$19,440

A total of 320 families were assisted with Care and Protection allowance.

The allowance is also paid to residential homes who have taken into their care neglected, abused, and orphaned children who are placed into the care of the Department of Social Welfare. Currently, the Department pays out \$60.00 per month per child placed in residential homes. There are 100 children in these residential homes under the care of the Director of Social Welfare .

Table 28: Listing of Residential Homes Supervised by Department of Social Welfare

DIVISION	FIJIAN	INDIAN	OTHERS	TOTAL NO
Dilkusha Girls Home	10	26	3	39
St Christophers Home	8	12	4	24
Happy Home	4	9	1	14
Samabula Old People's Home	0	2	0	2
Veilomani Boys Home	0	9	0	9
Treasure House Children's Home	2	4	0	6
TOTAL	24	62	8	94

4] NGO Grants

A total of 33 NGOs were provided grants by the Department for their supplementary roles in the welfare and community programs.

5] Residential Homes

The Mahaffy Girls Home is contracted out to the Salvation Army for necessary services related to the care and protection of girls in the residence..

The Boys Centre at Walu Bay has 18 Boys under the Care of the Director of Social Welfare.

Child Welfare Cases

The care and protection of children under the age of 17 years is the Department’s statutory responsibility under the Juvenile Act Cap 56.

A total of 604 child welfare cases were attended by the Department in 2008.

Table 29: Child Welfare Cases

Categories	New Cases
Physical Abuse	68
Emotional Abuse	19
Sexual Abuse	112
Orphan	3
Neglect	112
Abandonment	30
Lost	4
Beyond Control	59
Truancy	3
Victim of Parental Conflict	174
Child Available for Adoption	17
National Total	604

6] Probation Services

Under the Probation Act Cap. 22., Welfare officers also serve as Probation Officers for the supervision of probationers. In 2008, they supervised 37 probationers, 10 adult and 27 juvenile offenders. A total of 57 probation reports were prepared by the welfare officers for Magistrates' courts.

Table 30: No. of Probation Cases 2008 by Divisions

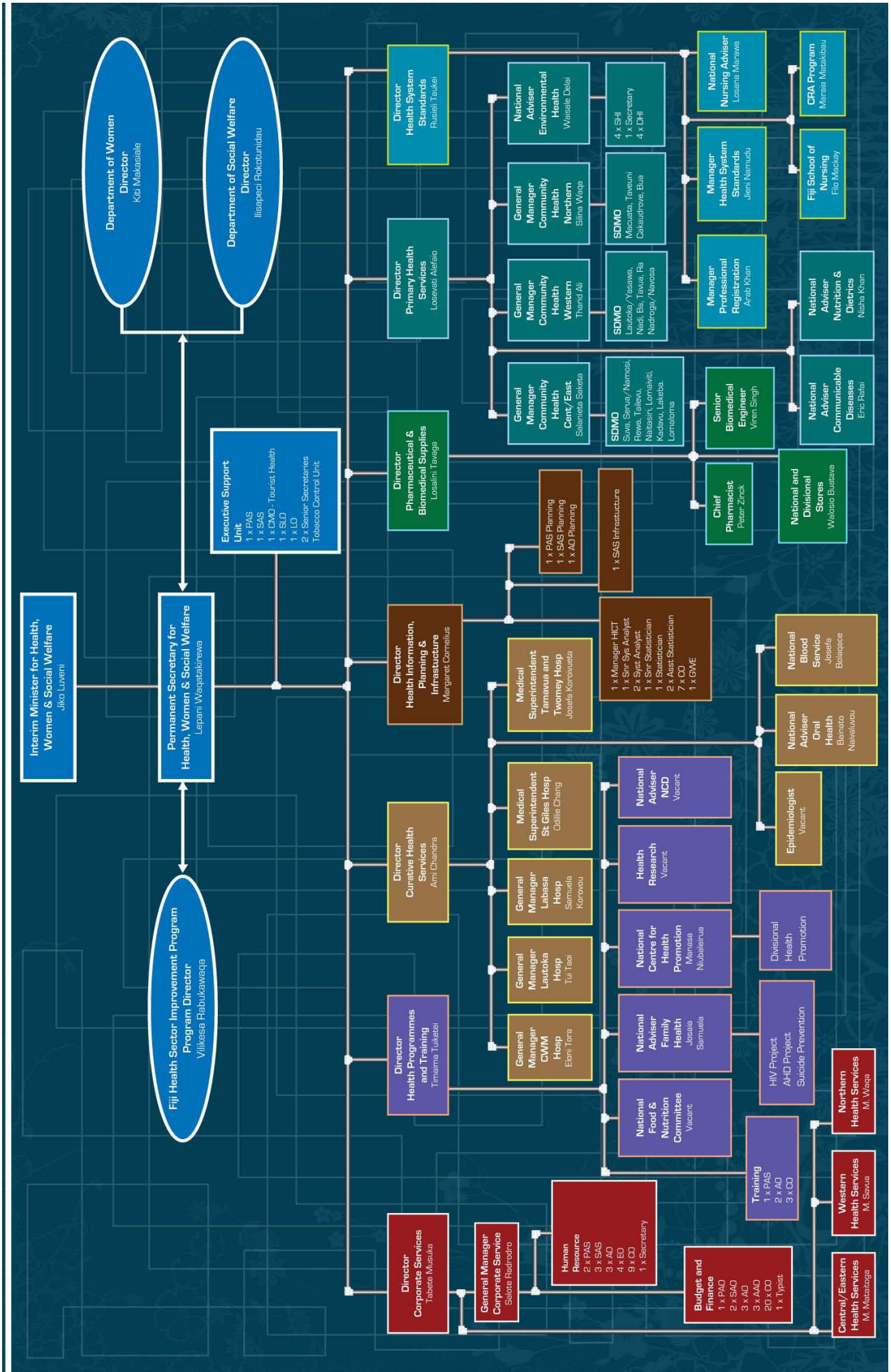
Categories	Probation Supervision		Probation Report		Total
	Adult	Juvenile	Adult	Juvenile	
South Eastern	0	16	5	11	32
Central	1	2	2	5	10
South Western	3	2	5	12	22
North Western	4	1	2	3	10
Northern	2	6	6	6	20
Total	10	27	20	37	94

Court Reports

In addition to the Probation Reports, the Department also provides reports to the courts at the request of magistrates, to facilitate a fair and just decision. A total of 134 Court Reports were prepared.

Section 4
Management Resources

Figure 15: MoHWSW&PA Organisation Chart



4.1 Portfolio

Dr. Jiko Luveni



Interim Minister for Health Women Social Welfare & Poverty Alleviation
Dr. Jiko Luveni was appointed Interim Minister for the newly merged Health, Women, Social Welfare & Poverty Alleviation portfolio in January, 2008

Dr. Ami Chandra



He became the Director of Curative Health Services in January when his former post of Director Northern Health Services was transferred to head office

Mr Musuka Tabete



The former Chief Registrar of the High Courts of Fiji, he became the Director Corporate Services in January until he proceeded on pre-retirement leave in December

Dr. Timaima Tuiketeti



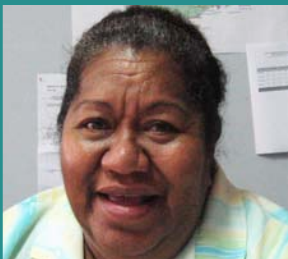
Formerly the Director Public Health, she became the Director of Health Programs and Training in January

Director Curative Health Services (DCHS)

Director Corporate Services (DCS)

Director Health Programs & Training (DHPT)

Dr. Losevati Alefaio



Holds the post of Manager Clinical Services, CWMH, assumed the new post of Director Primary Health Services in an acting basis from January.

Mrs Losalini Tavaga



The General Manager, CWMH, assumed the role of the new post of Director Pharmaceutical & Biomedical Supplies in an acting basis from January until she proceeded on pre retirement leave in November.

Dr. Tokasa Leweni



The Principal Dental Officer became the Acting Director of Women in June replacing Mrs. Latileta K. Makasiale who assumed the Acting Director Poverty Alleviation.

Director Primary Health Services (DPHS)

Director Pharmaceutical Biomedical Services (DPBS)

Director Women (DW)

Structure

Dr. Lepani Waqatakirewa



Permanent Secretary Health Women Social Welfare & Poverty Alleviation

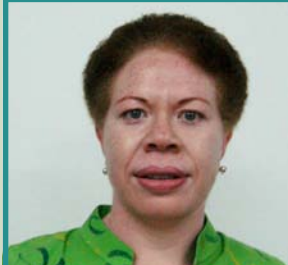
Dr. Lepani Waqatakirewa assumed the new role of Permanent Secretary for Health, Women, Social Welfare & Poverty Alleviation in January 2008. He resigned on the 31 December 2008 after 5 years as the CEO Health and the PS

Mrs Tokasa Buinimasi



The former Deputy Secretary Fisheries & Forests assumed the role of DCS in November.

Ms Laite Cavu



Formerly the Director Management Improvement Division, PSC, became the Acting Director Information, Planning & Infrastructure in February replacing Dr Margaret Cornelius who has been seconded to the FH-SIP.

Mrs Rusieli Taukei



The Principal Assistant Secretary, Health System Standards continued to act as the Director Nursing & Health System Standards.

Director Corporate Services (DCS)

Director Information Planning & Infrastructure (DIP/I)

Director Nursing and Health System Standards (DNHSS)

Ms Ilisapeci Rokotunidau



Continued to serve in her substantive post as Director of Social Welfare.

Mrs Litia Mawi



Became the new Director Poverty Alleviation in October.

Director Social Welfare (DSW)

Director Poverty Alleviation (DPA)

4.2 – Human Resources

Table 31: Summary of Staff Establishment MoH as at 31st December, 2008

POST/CADRE	GRADE	APPROVED EST	No. FILLED	No. VACANT
Minister for Health		1	1	0
Permanent Secretary for Health		1	1	0
SES/posts/Directors	US 02	7	3	4 [DN&HS, DPHS, DP&BS,DCS]
	US 03	6	1	5 [GM CH N/Ltka/CH W Labasa,CWMH]
	US 04	9	7	2 GMC - HQ &, NNA
Medical	MD	396	337	59
Nursing	NU	1811	1784	27 [16 Orderly posts disestablished wef 1/1/08]
Dental	DE	201	192	9
Pharmacy	PH	84	80	4
Dieticians	HW	58	54	4
Environmental Health	HW	119		
Laboratory Technicians	HW	134	125	9
Physiotherapists	HW	35	31	4
X-ray Technicians	HW	65	59	6
Occupational Therapist	HW	1	1	0 On Secondment
Bio-medical Technicians	ES	10	7	3
Supervisor HG – Hospital Services	ES	5	4	1
Orthontist	HW	1	1	0
Domestic & Institutional Services	TG	31	21	10
Information Technology	IT	9	4	5
Library Services	IR	4	4	0
Welfare Services	HW	4	2	2
Stores	SK	31	22	9
Telephone Operator	SS	10	9	1
Accounting Officers	AC	21	16	5
Admin Support	SS	168	122	46
Statistical services	SS	13	8	5
Reporting/Typing	SS	57	43	14
	TOTAL	3292	3054	238
GWEs	1523			

ii] The Department of Women, Social Welfare and Poverty Alleviation have the following workforce:

Table 32: Summary of Staff Establishment in Department of Women as at 31 December 2008

POST/CADRE	PSC GRADE	APPROVED POST	POST FILLED	POST VACANT
Director	US03	1	--	1
Senior Admin Officer	SS02	1	1	
Accounts Officer	AC03	1	1	
Principal Admin Officer (Field Services)	SS01	1	1	
Principal Research Officer	SC01	1	--	
Senior Admin Officer (Field Services)	SS02	1	1	
Senior Women's Interest Officer	SS02	3	2	1
Senior Welfare Interest Assist	SS04	4	3	1
Executive Officer	SS04	1	--	
Secretary	SS04	2	1	1
Clerical Officer	SS05	7	5	2
Typist	SS05	2	--	2
Women's Interest Assist	SS05	15	10	5
TOTAL		40 + GWE	25	15

Table 33: Summary of Staff Establishment in Department of Social Welfare as at 31 December 2008

POST/CADRE	PSC GRADE	APPROVED POST	POST FILLED	POST VACANT
Director	US04	1	1	
Assistant Director	HW01	2	2	
Senior WO	HW02	11	8	3
WOI	HW04	23	16	7
WOII	HW06	38	29	9
SAO	AC02	1	1	
AO	AC03	1	1	
AAO	AC04	1	1	
SAO	SS02	1	1	
EO	SS04	1	1	
Secretary	SS04	1	1	
Clerical Officer	SS05	18	12	6
Typists	SS05	8	7	1
TOTAL		107	81	26
GWE		+ 24 GWE		

Table 34: Summary of Staff Establishment in Department of Poverty Alleviation as at 31 December 2008

POST/CADRE	PSC GRADE	APPROVED POST	POST FILLED	POST VACANT
Director	US04	1	--	
Planning Economic	SS02		1	
Planning Officer		1	1	
Senior EPO		1	1	
Clerical Officer		1	1	
Secretary		1	1	
TOTAL		5 + GWE	5	Nil

Table 35: Health Professionals and Vacancy Status in 2008

HEALTH PROFESSIONAL	NUMBER OF ESTABLISHMENT	POST FILLED	NUMBER VACANT
Medical	396	337	59
Dental	201	192	9
Nursing	*1811	1784	27 (16 Orderlies disestablish)
Pharmacy	84	80	4
Laboratory	134	125	9
Radiology	65	59	6
Physiotherapy	35	31	4
Dietetics & Nutrition	58	54	4
Health Environment	119	115	4
TOTAL	2903	2777	126

Note : The following changes were made in 2008 :

PSC had approved the creation of 3 posts at Director level (US02) as follows :

- 1] Trade off of Director C/E Health Services to create Director Pharmacy & Biomedical Supplies.
- 2] Trade off of Director Western Health Services for Director Information, Planning & Infrastructure.
- 3] Trade off Director Northern Health Services for Director Health Program & Training
- 4] Transfer of 2 Legal Officers' positions to the Judicial department

Disestablishment of 16 Orderly positions (NU08) in view of 10% reduction.

Staff Wastage

A total of 251 officers resigned from the service (MOH) 63 retired, 12 passed away and 2 terminated during the year.

Table 36: Attrition of Personnel by profession and mode

Modes	US[SES]	Doctor	Dentist	Nurse	Pharmacy	Parameds	Admin & Others	GWE's	Total
Resignation	1	33	11	78	24	4	41	21	213
Retirement	2		2	21	1		2	35	63
Deemed Resign		1	2	18	3	2	3	9	38
Deceased		1		4		1	1	5	12
Termination	1							1	2
TOTAL	4	35	15	121	29	6	47	71	328

Note : The rate of resignation (includes deemed resignation) for nurses in 2008 increased to 93 as compared to 63 in 2007, equivalent to 5.1% (3.4% in 2007)

4.2.1 Training and Development

4.2.2 Fiji School of Nursing (FSN) is integral to human resource development in health and has continued to perform well in its core business of pre service and in service education for nurses in Fiji and the region. FSN is fully funded by government and generates funds for government revenue through its cost sharing scheme for basic students. It also receives financial assistance from donors such as the AusAID (FHSIP), WHO, UNFPA & JICA.

The Midwifery School at Lautoka was reopened this year with the first intake of Registered Nurses through the financial assistance of the FHSIP.

The decision was made by the Nurses, Midwives and Nurse Practitioners Board in 2006 in view of the continuing loss of midwifery skills as nurses continued to migrate.

Ms. Judith Robinson, the Minister-Counsellor, AusAID Suva, in her graduation address to the FSN in December emphasized the important role of nurses in any health workforce and in nation building, "You are at the front line of your nation's healthcare, and are a Conduit between doctors and patients ensuring that patients receive a good continuity of care".

This year' graduation on the 11th December 2008 saw nurses graduating from the following programs:

• Diploma of Nursing	84 Students
• Midwifery Certificate	50 Midwives (8 Regional)
• Public Health Certificate	15 Nurses
• Post Graduate Certificate in Mental Health	12 Nurses
• Bachelor of Nursing Sciences (JCU)	48 Nurses
• Master in Nursing (JCU)	1



Acting Principal (Sr. Wainiveikoso) addressing the Graduation 2008



FSN Graduation Dec' 2008

4.2.3 – Fiji School of Medicine (FSMed)

FSMed has continued to expand in all aspects of an academic institute especially since it became autonomous a decade ago (1998). Fiji Government continues to support the school through its annual grant and scholarships.

The school has celebrated its first 10 year milestone in post graduate clinical specialist Diploma and Master of Medicine Training programs. The students of these programs have made significant contributions to the specialist medical work force in the Pacific. For Fiji the graduates have been serving as Consultants in all clinical specialist fields here and abroad in both public and private sectors, in administrative role, in teaching and research work.



Acting Dean – Prof. Moulds

FSMed graduated its first graduates for the two newly upgraded courses, namely Bachelor of Imaging Sciences and Bachelor of Medical Laboratory Services on 5 December 2008.

More than 1,000 full time students were enrolled at FSMed this year and over 300 graduated (local and regional) from various courses. (Excerpts from Professor R. Moulds, Dean of FSMed, Graduation, Address Dec 2008).

Professor David Brewster the former Dean resigned early in the year and was replaced by Associate Professor Eddie McCaig before Professor Robert Moulds took over the helm of FSMed by mid year. Professor Moulds has spent the last 7 years of his medical career in Fiji as the Head of Department of Medical Sciences, as FSMed.

He is a very senior clinical specialist and academic from Australia. He has made major contributions to the School through the development of Fiji's health workforce both in undergraduate and postgraduate clinical specialist courses.

FSMed will stand to lose one of its leading lectures and leaders in recent times as he departs in early 2009.

The Ministry of Health and government of Fiji acknowledge with gratitude Professor Moulds years of dedication and commitment to the development of the medical workforce in Fiji and region, we cannot thank him enough but can only wish for the best in his future endeavor.



Graduates of the MBBS programme.....FSM

Table 37 Total No. of Graduate & Post Graduate Courses FSM 1998 - 2008

Awards	1998 - 2007	2008
MBBS (local)	48(2007)	39
Diploma (local & regional)	136	20
Masters	42	4
- Medicine - Surgery - Paediatrics - Anaesthesia - Obstetrics	local & regional	
Grand Total (Post Graduate only)	178	24

(Source: Professor Moulds Graduation Address 2008)

4.2.4 - In Service Training for 2008

Table 38: IST Activities 2008

2008 In-Service						
Programme	New	Con't	MOH	FAB	WHO	Fred Hollows
FSM						
Master in Public health	3		3			
Master in Medicine - Internal Medicine		3	3			
Master in Medicine - Paediatrics		3	3			
Master in Medicine & Surgery		1	1			
Bachelor in Medical Laboratory Science	4		4	1	3	
Bachelor in Medical Imaging Science	1	1	2	6		
Bachelor in Environmental Health		1	1	2		
Bachelor in Dental Surgery		3	3	1		
Bachelor in Pharmacy		3	3			
Bachelor in Medical Science				1		
Postgraduate Diploma in Surgery	3		3			
Postgraduate Diploma in Child Health	2		2			
Postgraduate Diploma in Anaesthesia	3		3			
Postgraduate Diploma in Paediatrics	1		1			
Postgraduate Diploma in Ophthalmology						1
Postgraduate Diploma in Internal Medicine	1		1			
Postgraduate Diploma in Public Health	1	1	2			
Postgraduate Diploma in Public Health	1		1			
Promotion						
Diploma in Diagnostic Radiography		2	2			
Diploma in Physiotherapy (Bridging)		1	1			
Diploma in Radiology				1		
Postgraduate Certificate in Public Health	1		1			
FIT/USP						
Bachelor in Commerce & Information System				1		
Diploma in Business Administration				1		
Total Summary			40	14	3	1

Programmes	SLWP	SLWOP
Masters in Public Health - University of Sydney	1	
Diploma in Electrical/Electronic Engineering, FIT	1	
Paediatric Surgery Training Program, Australia	1	
Postgrad Diploma in Public Health, FSMed	1	
Postgraduate Diploma in Dermatology, Thailand	1	
Bachelor of Medical Science (Pathology), Australia	1	
Master of Science Degree in STI & HIV, UK	1	
Master of Science - Public Health, UK	1	
Nursing Program, Massey Uni, NZ		1
Public Health Course, Australia		1
Nursing Attachment, Australia		1
Total:	8	3

2008	No: Att
Courses	46
Attachments	11
Conferences	42
Meetings	31
Workshops	32
Trainings	28
	190

Sponsors	Courses	Attachments	Conferences	Meetings	Workshops	Trainings
MOH	1		2		12	1
WHO	12	1	8	14	4	2
JICA	1		2		1	8
SPC			2	2	2	4
UNICEF			2	1		
FSHIP/AusAid/Aus Govt	4	10	11	5	1	5
NZ Govt	2		2	7	1	
China/Thailand/Korea Govt	12		4			7
Malaysia	2					1
Other	12		9	2	11	
Total Attended:	46	11	42	31	32	28

4.2.5 – Employee Relations

In 2008, a total of 77 disciplinary cases were received by the Ministry, a marked reduction from the 111 cases reported last year (AR 2007). Of these, 61 cases had been closed whilst 5 are still pending, as at December 2008 and 1 is with PSC and 7 are being handled by the police.

Table 39: Details of all Ministry disciplinary cases handled in 2008

1	Number of cases received	77
2	New Cases	3
3	Pending cases	5
4	PSC cases	1
5	Police & Finance cases	7
6	No of cases closed	61

Despite the reduction in the number of disciplinary cases in 2007 and 2008, the Employee Relations Officer still requires appropriate resources in order to make an impact on good human resources practices

4.3 - Finance

4.3.1 Quality Improvement in Financial Management

Introduction

The Ministry established in January 2008 its new Internal Audit Unit in an effort to accomplish its objectives by bringing a systematic and disciplined approach to evaluating and improving effectiveness of risk management control and governance processes.

Objectives

- To assist the management in assessing risks and evaluating the controls designed to address those risks.
- To furnish management with information and recommendations for system improvement.
- To promote effective control at reasonable costs.

Scope

Activities include examining and evaluating existing policies, procedures and systems for reliability and integrity of information and compliance under Legislation. It may also provide consulting services on other financial and management issues.



Staff of the Salaries Section Head Office

Table 40: Finance related Disciplinary Cases 2008

	Case	Action Taken
1	CWM -Misappropriation of revenue at A&E	Officer was terminated
2	Planning Unit -Nakorosule Health Centre Staff Quarters	Surcharge was served to officers involved
3	Printing of HIV Strategic Plan 2008	Await PSC decision to implement surcharge
4	Head quarters -Purchase of Outboard motor and punt for Kadavu Subdivision	All items delivered to SDMO Kadavu except for an outboard engine not purchased by St John Ambulance and one was lost, investigation is handled by Police
5	Ba Health Centre- Local Purchase Orders	Clerical Officer terminated by PSC
6	Northern Health Services – Purchase of Electrical materials made by General Services Unit	Officers indicted were terminated by PSC
7	Senior Officer on excess sick leave	Management decision that officer did not overspend sick leave
8	Headquarters Stores	Referred to Police for further investigation
9	Social Welfare – Driver Assaulted Police Officer	Awaiting Disciplinary Committee's decision
10	Fiji School of Nursing intake 2007	Awaiting Disciplinary Committee's decision
11	Chief Pharmacist – Misuse of transport	Surcharged implemented by MOF
12	Savusavu Hospital – Repair of washing machine	Management decision decided against payment of repairs
13	Inspection Labasa Hospital & Northern H/S	Report submitted to Management
14	Cash Inspection – Nadi, Rakiraki, Tavua Hospital	Report submitted to Management
15	OPH Samabula	Report completed
16	Lautoka Hospital – Laundry Unit	Under process

(Source : Internal Audit Unit, MOH)

4.3.2 Finance Report for 2008, Interim Report/Budgetary Allocation-2008

The Health budget has been less than 3% of the GDP for the past years and other Pacific Island countries have always enjoyed more than 5% of their GDP.

Table 41: Segregation of 2008 Budget

GRAND SUMMARY		
SEGREGATION OF 2008 BUDGET CO/ HS RESERVES/NVL/FPS/FSN – CEHS/WHS/NHS		
Division	Total Budget	% over Total Health Budget
HQ/RESERVES/NVL/FPS/FSN	47,648,968	29.08%
Central/Eastern Health Service	46,933,783	28.64%
Western Health Service	27,591,923	16.84%
Northern Health Service	17,375,326	10.60%
Women	1,090,900	0.67%
Social Welfare & Poverty Alleviation	23,227,40023,	14.17%
Total Health Budget 2008	163,868,300	100.00%

Total budget allocated to the Ministry of Health determines to a large extent our ability to effectively deliver services.

Merge

The 2008 approved budget of \$139m was revised in March due to the merge of the Ministry of Health with Women, Social Welfare and Poverty Alleviation thus increase the budget to \$163.8m.

The composition of the Budget is:

Ministry of Health - \$139.5m

Women ,Social Welfare and Poverty Alleviation - \$24.3m.

Additional fund was given at the end of the year, \$1.3m for Health and \$2m for Social Welfare, Women and Poverty Alleviation

Table 42: Final Budget for MoHWSW&PA in 2008

Year	Total HWSWPAS Budget \$million	Personnel Emoluments Est & GWE	Goods and Services Operating Expenditure
2008	\$166,552,200	\$86,956,400	\$63,387,000

Approximately 53.06% of the annual budget are spent on Personnel Emoluments & Government Wages Earners and 37.63% is spent on goods and services.

Table 43: Proportion of Health to National Budget 2008

Year	Health Budget	National Budget	% over Total Budget
2008	\$166,552,200	\$1,527,907,000	10.90%

Total Health Budget for the year is \$166,552,,200 million this is about 10.90% of the National Budget.

Statement of Expenditure & Commitment, 2008 (Interim Report)

Table 44: Women & Social Welfare and Poverty Monitoring

Budget	Actual Exp & Commitment	Variance
\$26,318,100	\$23,545,204 (89.46%)	\$2,772,896 (10.54%)
MoH		
Budget	Actual Exp & Commitment	Variance
\$140,234,100	\$139,018,610 (99.13%)	\$1,215,490 (0.87%)
Summary for MOH,W&SW		
Budget	Actual Exp & Commitment	Variance
\$166,552,200	\$162,563,814 (97.61%)	\$3,988,386 (2.39%)

The increases in Budget was effected towards the end of the year, 2008

Table 45: Comparative Annual Budget - 2001 - 2008

Year	National Budget	Health Budget	% of Health Budget Over National
2001	1,096,847,500	91,026,600	8%
2002	1,255,497,200	106,620,100	8%
2003	1,294,995,500	116,349,200	8.98%
2004	1,313,300,400	134,608,800	10.25%
2005	1,424,484,200	136,880,800	9.61%
2006	1,548,662,900	147,062,300	9.50%
2007	1,390,436,200	150,822,000	10.84%
2008	1,527,907,000	166,667,330	10.91%

4.3.3 Revenue Collection 2008 (Interim Report) for MOH

Table 46: Revenue Collection , 2008

No	Description	Total Revenue Collected
1	Fumigation and Quarantine	156,922.54
2	In-Patient Fees(Paying Ward)	251,945.56
3	In-Patient Fees(Public Ward)	5,368.14
4	X-Ray Fees	212,421.77
5	Laboratory Fees	36,508.98
6	Dental Fees	262,331.42
7	Miscellaneous i.e	
	Ambulance Fees	183,829.11
	Eye Department, Medical Report	
	Notification of Birth, Death,	
	Registration, etc	
8	Crutches	1,953.53
9	Fiji School of Nursing	909,369.18
	Grand Total	\$2,020,650.23

Explanatory Notes

The above REVENUE figures was extracted from the December Interim Report showing an increase in collection for 2008

Our revenue are targeted at addressing the challenges on,

- systematic follow-up communication with debtors for overdue accounts
- strengthen of revenue collection through improved compliance and facilitating efficient and effective collection practices

Table 47: Total Revenue as per Percentage of Budget Allocation 2004-2008

Year	Budget Allocatin	Total Revenue	% of Revenue over budget
2004	134,608,849	1,410,245.00	1.05
2005	149,963,100	1,335,619.00	0.89
2006	147,062,300	1,237,262.00	0.85
2007	150,822,000	1,872,305.00	1.24
2008	140,234,100	2,020,650.00	1.44

Section 5

Obituary

SECTION 5 OBITUARY

Staff of the Ministry wish to express their deepest sympathy as we record the untimely deaths of our colleagues. They had served the government and people of Fiji with dedication and sacrifice.

1. Dr. Viliame Taoi, the Senior Consultant Surgeon at the Lautoka Hospital, had served the government for 19 years, prior to that he had also served overseas.
2. Sister Seruwaia Nawaibalavu, Savusavu Hospital had served for 35 years, much of her service was in community health nursing.
3. S/N Keasi Ranadi Tokocau, Sigatoka hospital had worked for 16 years.
4. S/N Kalesi Bau Moceinacagi, CWM Hospital had served for 13 years.
5. Mr Isikeli Maravu, Security officer, Labasa Hospital had served for 16 years.
6. Mr Francis Kalesha, General Wage Earner at the St Giles Hospital had served for 5 years.
7. Ms Sainimika Buimeke, Hospital Ward Assistant, CWM Hospital had served for 16 years.
8. Miss Ateca Seseni who was a recorder at CWM Hospital had served for six years.
9. Ms. Miriama Naulumatua, X-Ray technician, CWMH had served for fourteen years.
10. Mrs. Losalini Waqa served for 7 years as GWE at St. Giles.
11. S/N Taorea Ikamawa had served for 18 yrs at CWMH
12. Mrs. Ruci Gukisuva – Telephonist, Virus Lab, served for more than 30 years.
13. Mr Luke Toroca, staff of the Department of Social Welfare, served for more than 30 years.

With Our Sincere Sympathy

Section 6

Conclusion

SECTION 6 - CONCLUSION

The year 2008 has seen opportunities and challenges. Dr Jiko Luveni was appointed the new interim Minister for Health, Women, Social Welfare and Poverty Alleviation (HWSW&PA) with Dr Waqatakirewa continuing on as the Permanent Secretary.

The 2 portfolios of Health and Women, Social Welfare & Poverty Alleviation were merged as one Ministry but retained their parallel structures and fundamental roles and functions. New directorships were created in the health portfolio with 7 directors and the 3 in the WSW&PA, a total of 10 directors altogether to support the PS.

The year also witnessed the reversal of the decentralized management structure created under the Fiji Health Reform project of 1998-2003 to that of a more centralized one. This re-organisation of the reform structure was undertaken in light of the lack of devolution of powers of finance and human resource from the relevant government departments and also on the need to strengthen service delivery in the divisions.

The Interim Government policies on reduction in the civil servant staff number and privatization of identified non essential services were explored and implemented during the year.

The year saw a few senior executives (SES) leave the service. Dr Lepani Waqatakirewa resigned on the 31 December as the PS after 5 years of colorful service as CEO and later as PS. Mr Musuka Tabete, Director of Corporate Service and Mrs. Losalini Tavaga, the acting Director Pharmaceutical & Biomedical Supplies both took their retirement.

Human resources for health have remained a threat to the achievement of health targets as doctors, dentists, paramedicals and nurses continue to leave the service. With all these problems and challenges, our staff must be commended for their continuing dedication and perseverance as well as the support and assistance shown by our partners i.e. FHSIP (AusAID), WHO, JICA and NZODA. 2008 was the final and fifth year of funding and technical assistance by the AusAID through the FHSIP. The Ministry, government and people of Fiji express their gratitude for all the assistance through funding and technical support provided by Australia in the 5 years of the program. The program has made some dramatic impact on health system development, capacity building and improvement although FHSIP funds represent only 3% of the total health annual budget.

The Corporate Plan and Business Plans of the various sections have reported some tangible achievements whilst some will continue on to 2009. In terms of the MDGs targets for 2015, these will remain the greatest challenges for Fiji.

Health promotion and protection continue to challenge us as we aim to reduce the prevalence of diabetes and cardiac being the leading NCDs with resultant burden on the health service. Preventive measures and control in the outbreaks of CDs with efforts to improve the surveillance system should auger well for the future.

The threat posed by infectious diseases as SARS, Avian and Pandemic Influenza has prepared us to be much more vigilant and proactive in our border control and quarantine requirements under the International Health Regulations.

HIV/AIDS will continue to haunt us as we see the number of new cases increasing, 33 in 2008, 36 in 2006; the trend is therefore far from reversing.

More efforts are made in our elimination program; another Mass Drug Administration (MDA) in the elimination of Lymphatic filariasis was launched using the DOTS principles.

The Department of Women through the CEDAW Task Force was able to prepare 3 State CEDAW Reports which formed the basis for a wider consultation and the final report. The report was endorsed by Cabinet before it was submitted to the United Nations CEDAW Committee.

All efforts by the Department of Women and in partnership with various civil societies, NGOs and other government ministries and foreign donor countries, are aimed at empowering women to be self reliant and eliminate all forms of discrimination and violence against women.

The Poverty Monitoring Unit serves as the coordinating agency for all government initiatives in reducing poverty. The last HIES (2002/2003) noted that 34.4% of population were living on poverty line. The family assistance and child care allowances continue to make an impact on the lives of less privileged in society. The role of the department in the provision and coordination of care and protection of children up to the age of 17 years, as mandated under the Juvenile Act and the Probation Act, is substantial.

The two tertiary institutes, the Fiji School of Medicine and Fiji School of Nursing continue to produce the health workforce requirements for the Ministry, both in undergraduate and postgraduate training.

The constantly low budgetary allocation for the ministry over the years can be affected in a worsening of some of the health indicators. Earlier gains in health and health care are being lost as costs escalate and resources shrink.

Finally, health is a fundamental human right, we are more than grateful that our government was still able to provide basic health care to all the citizens in Fiji, amidst all odds.

God Bless Us All

Section 7

Acknowledgment

SECTION 7 - ACKNOWLEDGEMENTS

The Ministry of Health, Women & Social Welfare gratefully acknowledges the many countries and organizations for the tremendous financial and technical support during the year. Special thanks are due to the central agencies, PSC, Ministry of Finance and National Planning and other government ministries and departments. The Ministry is also indebted to the thousands of staff, professionals, managers, consultants, clerical, technical and government wage earners for the services and dedication, despite the constraints and hurdles. These also included our Senior Executives and other officers who had retired and resigned during the year. We cannot thank you far enough for the performances, achievements and commitment.

1. Countries

- Australia
- Canada
- Peoples Republic of China
- Japan (JICA)
- New Zealand
- South Korea (KOICA)
- Republic of China (Taiwan)
- India
- United Kingdom
- United States of America
- Shri Lanka
- South Pacific Islands
- Mongolia

2. Commonwealth and United Nations Agencies

- World Health Organisations (WHO)
- United Nations Development Program (UNDP)
- United Nations Fund for Populations Activities (UNFPA)
- United Nations International Children's Emergency Fund (UNICEF)
- Food and Agricultural Organisation (FAO)
- Commonwealth Fund for Technical Co-operation
- International Telecommunication Union (ITU)

3. Partner Hospitals and Institutions

- Seventh Day Adventist Hospital - Sydney
- Beeve Foundation
- VOSO Foundation
- International Lions Eye Care
- Vision 2020
- Medical Ministry International
- Marine Reach
- Interplast Team of the Royal Australasian College of Surgeons
- Shriners Hospital for Children, Hawaii
- SCRIPPS of USA
- Chennai Hospital, Indian
- Starship Hospital – Auckland
- Sandringham Hospital – Victoria

4. Local Institutions, Regional and International Universities and Organizations

- Aids Task Force of Fiji
- Fiji Institute of Architecture
- Fiji Institute of Civil Engineers
- Fiji Cancer Society
- Fiji College of General Practitioners
- Fiji Council of Social Services
- Pacific Islands Forum Secretariat
- Methodist Church
- Roman Catholic
- Pacific Eye Institute
- Care Giver International
- Fiji Red Cross Society
- Fiji Medical Association
- Fiji School of Medicine
- Fred Hollows Foundation
- Kidney Foundation of Fiji
- Marie Stopes International
- New Zealand Lepers Trust Board
- Responsible Parenthood Council
- Reproductive and Family Health Association of Fiji
- Sasakawa Peace Foundation
- Secretariat of Pacific Community
- Secretariat for the Pacific Islands Applied Geoscience Commission
- Soqosoqo Vakamarama
- Tokai University
- University of the South Pacific
- James Cook University – Queensland
- Fiji Nursing Association (FNA)
- RANZCOG
- Fiji Dental Association
- Dietetics Association
- Physiotherapy Association
- Laboratory Association
- X-Ray Association
- FNPF
- National Health Promotion Council
- NCOPS
- National NCD Committee

- St John Ambulance
- ANZ Bank
- Holiday Inn
- Amrit Property Group
- Fiji Human Rights Commission
- Rotary Club of Lautoka
- Republic of Fiji Military Forces
- Fiji Police Force
- Fiji Prisons & Correction Services
- School of Economics, USP
- Indian High Commission
- National Council of Women
- Public Employees Union
- Viti National Union of Taukei Workers
- Fiji Public Service Association
- National Union of Public Workers
- Vodafone

- National Colonial Bank
- Vatukoula Community Consultative Committee
- Save the Children Fund
- Women's Crisis Centre

5. Statutory Bodies and Boards

Boards of Visitors to various Hospitals, Health Centres and Old People's Home
 Central Board of Health
 Pharmacy and Poisons Board
 Fiji Dental and Medical Board
 Nurses, Midwives and Nurse Practitioners Board
 Rural and Local Authorities
 FSM Council
 Fiji National Council of Disabled Persons

Annual Report 2008 Committee

Finally this Annual Report was compiled and produced by Mrs. Rigieta Nadakuitavuki, Ms. Amele Maravou & Sydney Rausuvana supported by Annual Report 2008 Committee chaired by the Acting Director Information, Planning & Infrastructure, Ms. Laite Cavu, Jokatama Ravono, Litiana Raikuna, Sisa Otealagi and Tomasi Bulimaibau. The contribution by the Permanent Secretary Dr L. Waqatakirewa, program managers, directors consultants and all those who have assisted towards the compilation is gratefully acknowledged.

Section 8
Acronyms & Annex

ACRONYMS

AusAID	Australian Assistance International Development	INPEP	Integrated National Poverty Eradication Program
BCG	Bacillus Calmette-Guerin	IMCI	Integrated Management of Childhood Illnesses
BFHI	Baby Friendly Hospital Initiatives	JCU	James Cook University
BNPL	Basic Needs Poverty Line	JICA	Japanese International Cooperation Agency
CBA	Child Bearing Age	KPI	Key Performance Indicators
CBH	Central Board of Health	KOICA	Korean International Cooperation Agency
CD	Communicable Diseases	MBBS	Bachelor of Medicine and Bachelor of Surgery
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women	MCDC	Medical Cause of Death Certificate
CSP	Clinical Service Plan	MDG	Millennium Development Goals
CSN	Clinical Service Network	MOHWSW	Ministry of Health, Social Welfare & Poverty Alleviation
CWMH	Colonial War Memorial Hospital	MDA	Mass Drug Administration
CEO	Chief Executive Officer	MOFNP	Ministry of Finance & National Planning
DMFT	Decayed Missing Filled Teeth (Permanent)	MR	Measles and Rubella
DOTS	Direct Observation Treatment Strategy	NCD	Non-communicable disease
DPT	Diphtheria, Pertussis Tetanus	OPV	Oral Polio Vaccine
EHO	Environmental Health Officers	PATIS	Patient Information System
EPI	Expanded Program on Immunization	PS	Permanent Secretary
EU	European Union	PH	Public Health
FAA	Family Assistance Allowance	PHIS	Public Health Information System
FCTC	Framework on the Control of Tobacco Convention	PMTCT	Prevention of Mother to Child Transmission
FHSIP	Fiji Health Sector Improvement Program	PMU	Poverty Monitoring Unit
FIBS	Fiji Island Bureau of Statistics	POLHN	Pacific Open Learning Health Net
FIT	Fiji Institute of Technology	PSC	Public Service Commission
FMR	Financial Management Reform	RT	Radio Telephone
FNHRERC	Fiji National Research Ethics and Review Committee	SAHT	Sydney Adventist Hospital Team
FPS	Fiji Pharmaceutical Services	SEEDS	Sustainable Economic & Empowerment Development Strategy
FSMed	Fiji School of Medicine	STI	Sexual Transmitted Infection
FSN	Fiji School of Nursing	TB	Tuberculosis
GDP	Gross Domestic Product	U5MR	Under 5 year's mortality rate
GOF	Government of Fiji	UNICEF	United Nation International Children Education Fund
GOPD	General Out-Patient	USA	United States of America
GWE	Government Wage Earners	VOSO	Visiting Ophthalmic Services from Overseas
HBV	Hepatitis B Virus	WHO	World Health Organisation
HIES	Household Income & Expenditure Survey	WPA	Women Plan of Action
HPV	Human Papilloma Virus Vaccine		
H/C	Health Centre		
Hib	Haemophylus Influenza Type B		
HITH	Hospital in the Home		
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome		

Annex 1

Cabinet Paper Title	
I = Information : D = Discussion : N = Noting	
1.	MOH Annual Report 2006 (N)
2.	HIV Status Update (D), Overseas Medical Referral (D)
3.	Minimum Standards (D), CEDAW Candidacy (D), NCStatus Report (I)
4.	Revision of Notifiable Disease Schedule (D), Annual Reports WSW 2003/4, 2006, 2007 (N)
5.	Consultancy - Review of WP Action: 1998 - 2008 (D), Transport Need of MoHWSW (D)
6.	Women in Decision Making (D), Framework on National Child Protection Plan (I) Annual Report MOH 2007 (N)
7.	Overseas recruitment of Doctors (D), Women, Peace and Security (D), Outsourcing Update (D)
8.	Kidney Foundation (D), Food Unit (D)
9.	Mental Health (D), Prosthesis Unit (D), WHA (I)
10.	Filaria Control (D), Methodist Church Debt Write Off (D)
11.	Violence Against Women (D), UNGASS Report (I), Typhoid Fever Update (D)
12.	Review of St John MOU (D), Retired Nurses Community Clinics (D)
13.	Hosting of RCM (D), Reversal of Cabinet Decision 187 (D), HPV Immunisation (D)
14.	National Nutrition Policy (D), National Dengue Fever Outbreak Update (I)
15.	National Ambulance Service (D), Revised CEDAW Report (D), RCM (I)
16.	Review of Family Assistance Criteria (D)
17.	National Policy on Persons Living with Disabilities: 2008-2018 (D) Interim Certification of Residential Homes for Organisations Providing Residential Care for Children (D)
18.	Grant to Kidney Foundation of Fiji – MOA (D), Registration of Medical and Dental Practitioners (D) Poverty Alleviation Projects (I)
19.	Nurse Practitioners (NP), Transfer of Forensic Pathology Service, Medical Negligence Insurance FCGP Bill, NACA / HIV Bill (D), Health Promotion Bill (D), Typhoid Update(D) – Caregivers Programme and Policy Standard Operating Procedures (I), Revised Women Plan of Action: 2009-2019 (D), Update of Review of MDP Act (D), Workforce Review & Strategy (D), Outsourcing Results (D)
Summary	
January – June	21 Cabinet Papers - Information = 3, Noting = 3, Discussion = 15
July – December	21 Cabinet Papers - Information = 3, Discussion = 18
Total = 42 Cabinet Papers	

Thank You P.S



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